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# **An Exploration of Reflective Practice in the Helping Professions**

by  
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A thesis submitted in partial fulfilment  
of the requirements for the degree of  
Doctor of Clinical Psychology

University of Warwick, Department of Psychology  
and  
Coventry University, Faculty of Health and Life Sciences

May 2007

	<b>Contents:</b>	<b>Page Number:</b>
	Acknowledgements	5
	Declaration	5
	Abbreviations	5
	Summary of chapters	6
<hr/>		
	<b>Chapter One: Literature Review</b>	
	The Clinical Impact of Reflective Practice Within Mental Health Settings	8
1.0	Abstract	9
1.1	Introduction	10
1.1.1	Concerns About Reflection	12
1.1.2	Aims and Objectives	16
1.1.3	Search Strategy	16
1.3	Results	17
1.3.1	Development of Reflective Practice	21
1.3.2	Impact on Practice	23
1.4	Discussion	27
1.4.1	Findings	27
1.4.2	Methodological Limitations	34
1.4.3	Implications	36
1.5	Conclusion	38
1.6	References	40

	<b>Chapter Two: Empirical Paper</b>	
	Trainee Clinical Psychologists' Experience of Reflective Practice: How does this impact on sense of self?	46
2.0	Abstract	47
2.1	Introduction	48
2.1.1	Trainee Experience of Psychological Difficulties	48
2.1.2	Evidence for Using Reflective Practice	48
2.1.3	Difficulties Associated with Reflective Practice	50
2.1.4	Reflective Practice and Clinical Training	51
2.1.5	Sense of Self	52
2.1.6	Rationale	53
2.2	Method	54
2.2.1	Design	54
2.2.2	Participants	55
2.2.3	Procedure	56
2.2.4	Analysis	57
2.3	Results and Discussion of Results	59
2.3.1	Self-Reflective Activity	61
2.3.2	Heightened Self Awareness	63
2.3.3	Interpersonal Reflective Activity	65
2.3.4	Heightened Other Awareness	68
2.3.5	Professional Reflective Activities	70
2.3.6	Professional Outcomes	72
2.3.7	Reflections on Reflection	78
2.3.8	Diagrammatic Representation of Themes	82
2.4	Discussion	86
2.4.1	Methodological Limitations	88
2.4.2	Clinical Implications	89
2.4.3	Research Implications	89
2.5	Conclusion	90
2.6	References	91



	<b>Chapter Three: Reflective Paper</b>	
	Reflections On The Themes: How reflective practice got me through the research	97
3.0	Abstract	98
3.1	Themes	99
3.1.1	Self-Reflective Activity	99
3.1.2	Heightened Self Awareness	103
3.1.3	Interpersonal Reflective Activity	104
3.1.4	Heightened Other Awareness	107
3.1.5	Professional Reflective Activities	109
3.1.6	Professional Outcomes	113
3.1.7	Reflections on Reflection	116
3.2	A Summary of “Costs & Benefits”	117
3.4	A Final Reflection	119
3.4	References	120

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	<b>Appendices</b>	
A	Warwickshire LREC Ethical Approval	122
B	Coventry University Ethical Approval	124
C	Instructions for authors ‘Reflective Practice’	125
D	Instructions for authors ‘Training & Education in Professional Psychology’	127
E	Participant Information Sheet	129
F	Invitation Letter to Course Director	132
G	Invitation Letter to Participants	133
H	Consent Form	134
I	Interview Schedule	135
J	Sample Transcript	136
K	Spider Diagram of Clusters	139
L	Sample Initial Coding Frame	140
M	Sample from Reflective Journal	141
N	Credibility Check Letter to Participants	142
O	Table of Major Themes, Sub Themes and Frequencies	143

**List of Tables**

*Chapter One:*

Table I	Papers investigating the development of reflective practice within practitioners in mental health settings	18
Table II	Papers investigating the impact of reflective practice on professional practice in mental health settings	19-20

*Chapter Two:*

Table 2.1	Participants' demographic details	56
Table 2.2	Method of data analysis	58
Table 2.3	Major themes and sub-themes	60

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**List of Figures**

*Chapter Two:*

Figure 2.1	Relationships between the major themes	83
Figure 2.2	Model of reflective activity within clinical psychology training	85

## Acknowledgements

I would like to thank Professor Delia Cushway for her inspiration, support and supervision for this project. I owe a great debt to the participants of this research who gave up their valuable time to be interviewed and to validate results when they were feeling the pressure of their own research. I am also thankful to my family and friends for the practical support and words of encouragement that have helped me to realise this project. Finally, I am most grateful to Gary for sticking with me through the ups and downs, for supporting me in so many ways and for always knowing how to cheer me up.

## Declaration

This thesis was carried out under the supervision of Professor Delia Cushway. Other than this, I conducted all stages of the research process myself. Ethical approval was given by Warwickshire Local Research Ethics Committee (see Appendix A) and Coventry University (see Appendix B). This thesis has not been submitted for a degree at any other university. Authorship of any papers published from this work will be shared with the above.

The literature review has been prepared for submission to '*Reflective Practice*' (see appendix C 'Instructions for authors'). The empirical paper has been prepared for submission to '*Training & Education in Professional Psychology*' (see appendix D 'Instructions for authors').

## Abbreviations

CIA	= Critical Incident Analysis
MDT	= Multidisciplinary Team
NHS	= National Health Service
NR	= Not reported
OT	= Occupational Therapist
UK	= United Kingdom



## Summary

Research literature and experience suggest that clinical psychology training can be an arduous process, not just professionally and academically, but also emotionally. Reflective Practice has grown increasingly popular within health and social care, and within the arena of clinical psychology training. It is seen as a way for clinicians to both personally develop and establish better quality relationships with the people they serve.

To date there has been little exploratory research about the experience of trainee clinical psychologists. What is not known from the literature, is how trainee clinical psychologists perceive reflective practice within clinical training and how the process of being a 'novice' alongside the increased introspection of reflective practice feels in terms of self-concept.

The first chapter of the thesis reviews the relevant literature investigating the use of reflective practice within mental health settings. The review indicates that although reflective practice might offer some valuable contributions to working in these settings there are often difficulties with ongoing implementation. A number of methodological limitations of the studies are discussed and the implications of reflective practice for professional practice are considered.

Chapter two presents an empirical study that explores trainee clinical psychologists' experiences of reflective practice within the setting of clinical training, using Interpretative Phenomenological Analysis. A preliminary model of reflective activity within clinical psychology training is proposed, indicating that self-reflection lies at the heart of reflective practice. Implications for clinical training, psychologist self-care and future research are discussed.

The third chapter presents a reflective review of the author's experience of conducting the research and writing chapters one and two. This paper is structured using the themes that emerged from the empirical study, highlighting the personal impact of the research study and discussing a number of methodological concerns.

## Chapter One: Literature Review

### **The Impact of Reflective Practice Within Mental Health Settings: A Review of the Literature**

**Word Count: 6,152** (Excluding tables and references)

## **1.0 Abstract**

Previous reviews of the literature on reflective practice have highlighted the concerns about, and benefits of, reflection. This article aims to review literature investigating the use of reflective practice within mental health settings. A total of thirteen empirical papers were found which were divided into two groups: those looking at the development of reflective skills, and those investigating the impact of structured reflection on practice. The review indicated that, although reflective practice might offer some valuable contributions to working in mental health settings, there are often difficulties with ongoing implementation. Methodological limitations of the studies and implications for improvement of professional practice within mental health settings are considered. Further research is required to explore reflective practice within a wider range of professional groups and particularly with reference to the impact on service-users.



## 1.1 Introduction

Reflective practice within nursing has been defined as:

*“a process of reviewing an experience of practice  
in order to describe, analyse, evaluate and so  
inform learning about practice”*

*Reid (1993, p305).*

In reviewing the literature on reflective practice within health and social care, various authors have sought to: determine the processes of reflection (e.g. Boud, Keogh, & Walker, 1985; James & Clarke, 1994); delineate the stages involved (e.g. Atkins & Murphy, 1995; Boud et al, 1985); identify the skills required to reflect (Atkins & Murphy, 1993); and review strategies for encouraging reflection (e.g. Platzer, Blake, & Snelling, 1997; Platzer & Snelling, 1997).

The evolution of reflective practice has been well documented by previous authors, drawing on the work of Dewey (e.g. Ixer, 1999; Kolb, 1984), Lewin (e.g. Dyke, 2006; Kolb, 1984), Kolb (e.g. Dyke, 2006), Habermas (e.g. James & Clarke, 1994; Van Manen, 1977), Freire (e.g. Dyke, 2006; Van Manen, 1977), Mezirow (e.g. Atkins & Murphy, 1993; Boud et al., 1985; Dyke, 2006), Van Manen (e.g. Atkins & Murphy, 1993; Boud et al., 1985), Carper (e.g. Johns, 1995), and Schön (e.g. Atkins & Murphy, 1993; Eraut, 1995; Ixer, 1999; James & Clarke, 1994).

A number of positive effects on practice have been attributed to reflection, including: encouraging continuing education (Page & Meerabeau,

2000); increasing professional knowledge (Clarke, James, & Kelly, 1996); increasing confidence in decision-making (Page & Meerabeau, 2000); integrating theory and practice (Paget, 2001; Rich & Parker, 1995); assisting with goal setting (Ghaye & Lillyman, 2000); increasing critical thinking (Durgahee, 1996; Platzer, Blake, & Ashford, 2000a); and enhancing ability to manage difficult situations (Yip, 2006a). The place of reflective practice in professional education has been highlighted in nursing and social work (e.g. Ashford, Blake, Knott, Platzer, & Snelling, 1998).

It has been argued that reflection can encourage the following benefits for the practitioner: feeling supported and valued (Clarke et al., 1996); feeling empowered (Atkins & Murphy, 1995; Page & Meerabeau, 2000); enhanced autonomy (Clarke et al., 1996); increased self-awareness (e.g. Clarke et al., 1996; Paget, 2001); and increased understanding of the 'social, economic and political context' of practice (Clarke et al., 1996, p.173).

It has been proposed that use of reflective practice can also help to prevent habitual practice (Schön, 1983), leading to the individual needs of the service-user being responded to (Atkins & Murphy, 1995; Schön, 1983), with increased empathy (Platzer et al., 2000a).

The introduction to this review will focus on providing an overview of the concerns about reflection identified in the literature to date from health, social care and education.



## **1.1.1 Concerns About Reflection**

### *1.1.1.1 Conceptual Issues*

Many authors point to lack of clarity of the concept of reflection, in terms of definition (e.g. Atkins & Murphy, 1993; Jarvis, 1992). It has been argued that reflective practice is difficult to conceptualise (e.g. James & Clarke, 1994). This has led to difficulties in trying to 'operationalize' the concept of reflection (Atkins & Murphy, 1993, p.1191) and in measurement and assessment of reflection (Ixer, 1999; James & Clarke, 1994). Rich and Parker (1995) highlight that even when definitions of reflection are used, there was no shared understanding, although Atkins and Murphy (1993) suggest that differences between accounts of reflection were primarily about terminology, and how the processes were configured.

It has been suggested, in what Burton (2000, p.1012) describes as the 'conceptual muddle' of reflection, that practitioners may believe they are reflecting when they are merely thinking about practice (Andrews, Gidman, & Humphreys, 1998; Burton, 2000). Dyke (2006, p.106) argues that although previous writers may have used the term reflective practice without clear definition, a 'coherent conceptualisation of reflection in learning may be arrived at through examining the common themes from earlier writers'. There seems to be much confusion in the literature between reflection, as a rather nebulous concept, and reflective practice, as a retrospective examination of practice. Schön (1983) attempted to make some distinction by coining the terms 'reflection-in-action', and 'reflection-on-action', these concepts have not been adopted uncritically (Clinton, 1998; Eraut, 1995), however they may

provide some clarity between the less formal act of 'reflection' and the more structured 'reflective practice'.

#### *1.1.1.2 Issues for practitioners*

Practitioners have been warned that reflection may: be a potentially 'psychologically explosive' activity (Brookfield, 1990, p.178-179); challenge coping mechanisms (Rich & Parker, 1995); lead to internal conflict (Page & Meerabeau, 2000); and encourage unresolved trauma to surface (Yip, 2006a). It has been suggested that ethical issues may be raised as a result of reflection (e.g. Brookfield, 1990; Clarke et al., 1996; Newell, 1992) and the assessment of reflective practice (Dyke, 2006; Ixer, 1999). Ixer (1999) highlights the difficulties of assessing students' reflections against such a poorly defined concept, and suggests it is possible for assessment of reflection to oppress students if conceptualisation of reflection differs between student and assessor. On a practical level, analysing critical incidents may result in unprofessional behaviour being disclosed, leaving the facilitator with the dilemma of whether or not to act on the information (Rich & Parker, 1995). Platzer, Blake and Ashford (2000b) found that student nurses were reluctant to reflect on practice about which they were uncertain for fear of being seen as 'unprofessional'.

Difficulties with the process of reflection have been identified in terms of hindsight bias (Page & Meerabeau, 2000; Reece Jones, 1995), the effects of anxiety on memory (Newell, 1992), and the use of language to represent action (Clinton, 1998). Saylor (1990) argues that activities such as nursing



are so complex that it is difficult for the practitioner to attend to, and monitor, every aspect of their practice. Suggestions to address these difficulties are using systematic written reflection and anxiety management techniques (Newell, 1992), and feedback from colleagues and service users (Saylor, 1990).

#### *1.1.1.3 Reflection Versus Action*

James and Clarke (1994) write about the possibility of being 'over' reflective and that this may impede action. Page and Meerabeau (2000, p.365) coined the term 'professional apathy' and posited that this influenced lack of action following reflection, as did the practitioner perceiving themselves as powerless to effect change (Rich & Parker, 1995). It has been suggested that for reflection to make an impact on practice, the reflective process must include action planning (Atkins & Murphy, 1995; Page & Meerabeau, 2000). The culture in which a practitioner works can influence reflection, with reflective practice impeded in organizations that are 'busy', outcome focussed and 'judgemental' (Clarke et al., 1996, p.178), and have limited resources, including time (Paget, 2001). James and Clarke (1994) point out that practitioners engaging in reflection could gain understanding about the power relationships within which they operate, and become aware of the constraints on their practice, leading them to challenge those responsible.

#### 1.1.1.4 *Lack of Empirical Data*

Repeatedly highlighted in the literature is the lack of empirical evidence to support the use of reflective practice within health and social care (e.g. Andrews et al., 1998; Atkins & Murphy, 1993; Burton, 2000; Platzer et al., 2000b). Atkins & Murphy (1993) question the methods used to study reflection, especially in drawing any firm conclusions about reflection-in-action as it is a process less available to conscious thought. It has been argued that there is a need to investigate: use of identified models of reflection (Rich & Parker, 1995); organisational features that facilitate reflection (Clarke et al., 1996); assessment of reflective skills and service user outcomes (Burton, 2000). In addition to this, Jarvis (1992) and Page and Meerabeau (2000), have both stated that reflection has not lived up to the promise of closing the gap between theory and practice.

Although there are difficulties with the concept and practice of reflection, difficulties ensuring that action results from reflecting, and a dearth of empirical evidence, this does not necessarily negate the usefulness of reflective practice. Suggestions have been made to bring together themes from earlier papers to illuminate the concept (Dyke, 2000), to use written reflection (Newell, 1992), seek additional perspectives (Saylor, 1990) and use action planning (Atkins & Murphy, 1995). In addition to this there is a need for further research to examine the utility of reflective practice.



### **1.1.2 Aims and Objectives**

It is the aim of this paper to critically review the research to date on reflective practice within mental health settings, particularly with regard to the impact of the use of reflective practice on professional practice. The area of mental health was chosen as no review papers have previously addressed this area, however it should be clear from the introduction to this paper that reflective practice has a demonstrated role in physical health settings. The limitations of studies and recommendations for future research will be discussed.

### **1.1.3 Search Strategy**

A review of the literature using PsychINFO, SCOPUS and CINAHL was conducted using combinations of the following key words: reflect\*, practi\*, mental health, psychiatr\*. Many papers were found referring to reflective practice, but they did not investigate the outcome of strategies on practitioners or practice, and so did not contribute to the evidence base. Therefore, theoretical articles that did not report any empirical data and articles that discussed unstructured reflection were excluded. The references of relevant papers and chapters were screened to identify further studies. These strategies identified a total of thirteen papers that fit the search criteria. These papers were divided into two groups: those investigating development of reflection in practitioners and those exploring the effect of reflective practice on professional performance. Each article was then summarised and a number of common themes were identified across the studies.

### **1.3 Results**

Two tables have been compiled which illustrate the methods of reflection used, research design and main findings of each study. Table I presents papers investigating the development of reflective practice within mental health practitioners, and table II includes articles assessing the impact of reflective practice on professional practice in mental health settings.



Table 1: Papers investigating the development of reflective practice within practitioners in mental health settings

Study	Setting	Methods of Reflection	Length of study/ Amount of Input	Sample (n)	Research Design	Measures	Results / Conclusion
Bailey (1995)	Acute Mental Health Admission Unit (UK)	Journals; CIA; group reflection; theoretical information	3 months/ NR	Qualified Nurses (6)	Qualitative: action research	Questionnaire, observation and dialogue with group	Improved decision-making skills & use of knowledge in action
Minghella & Benson (1995)	Mental Health Branch of Project 2000 Diploma Course (UK)	CIA; group reflection; theoretical information	18 months/ NR	Student Nurses (8)	Qualitative: thematic analysis	Observation of reflective sessions; evaluation questionnaire (content not specified)	Critical incident analysis could increase critical reflection; shift from focus on self to focus on client was observed
Boniface (2002)	Hospital, Physical Health & Mental Health settings (UK)	Reflective group	1 year/ NR	Qualified OTs (26) [physical health (5); stroke rehab (5); mental health (16)]	Qualitative: action research; collaborative enquiry	Reflective group discussions were transcribed and analysed	Reflection seen as a quality which is innate, but can be developed - to do this structures must be used, but with flexibility; environment is important; lack of time in NHS settings was seen as a barrier
Germain (2003)	Counselling Practicum (USA)	Reflective journal	4 months/ NR	Trainee Counsellors (4)	Qualitative: narrative, multiple-case study	Analysis of journals; semi-structured pre- & post-interviews	Participants able to construct narratives of own development; participants identified that reflective practice was important to their development as counsellors

Key:

- CIA = Critical Incident Analysis
- MDT = Multidisciplinary Team
- NHS = National Health Service
- NR = Not reported
- OT = Occupational Therapist
- UK = United Kingdom



**Table II: Papers investigating the impact of reflective practice on professional practice in mental health settings**

Study	Setting	Methods of Reflection	Length of study/ Amount of Input	Sample (n)	Research Design	Measures	Results / Conclusion
Rushton (1998)	Older Adult Community Mental Health Team (UK)	Individual reflection; CIA; team reflective discussion	16 weeks/ regular individual supervision; peer group supervision once per month	Service-Users (40)	Quantitative	Pre- & post- brief satisfaction questionnaires	Service users perception of visits as beneficial, feeling understood by practitioner, looking forward to visits & being involved in the planning of care all increased
				MDT members (10)	Quantitative	Pre- & post- brief satisfaction questionnaires	Staff perceptions of enjoyment of work, feeling supported & work satisfaction all increased
				MDT members (10)	Quantitative	Questionnaire (not specified)	Majority felt reflective practice had changed their way of working; increased their empathy and improved team working & support
Hart et al. (2000)	Acute Psychiatric settings (Australia)	Group reflection; self-directed learning; theoretical information; CIA	14 weeks/ 90 minutes group work & 90 minutes self-directed learning per week	Qualified Nurses [completed programme (74); complete data sets returned (NR); returned evaluation questionnaire (71)]	Quantitative: comparative study; Qualitative: content analysis	Pre- & post- questionnaires: Watson-Glaser Critical Thinking Appraisal (Watson & Glaser, 1980); Staff Patient Interaction Response Scale (Gallop, Lancee & Garfinkle, 1990b); Herth Hope Scale (Herth, 1991); Ward Atmosphere Scale & Work Environment Scale (Moos, 1987); Schwirian 6 Dimension Scale of Nursing Performance (supervisor- & self-rating) (Schwirian, 1978); evaluation questionnaire	Both groups showed improved empathy & perceived quality of performance; no significant changes in critical thinking or ward atmosphere; one aspect of ward environment measure showed improvement; participants valued group above self-directed learning; majority of peer consultation respondents said they would be more likely to reflect on practice, but only 50% felt this would change behaviour; powerlessness was a dominant theme



**Table II: Papers investigating the impact of reflective practice on professional practice in mental health settings (continued)**

Graham (2000)	Older Adult Mental Health Nursing Development Unit (UK)	Group reflection; theoretical information	1 year/ 90 minute session every 2 weeks	Qualified Nurses (n=NR)	Qualitative	Reflective group discussions were transcribed & analysed; Interviews at 12 weeks & 24 weeks	Reflective process enabled nurses to gain insights into the nature of their nursing & professional identity; a conceptual framework was developed on which to base clinical practice; relationship-building was identified as the meaning of practice; moved from reflection-on-practice to reflection-in-practice
Holdsworth et al. (2001)	Accident & Emergency Departments and Medical Admission Units (UK)	Diary sheets; CIA; group discussion; theoretical information	7 weeks/ 5x ½ day workshops	Qualified Nurses (13)	Quantitative Qualitative: thematic analysis	Pre- & post- questionnaire based on Cohen & Lazarus (1979); course evaluation questionnaire (content not specified)	Increase in knowledge & confidence; decrease in work-related stress
Wilshaw & Bohannon (2003)	10 Care Teams (UK)	Facilitator-led training (including CIA, case studies, risk assessment, etc); individual study	18 months/ 120 hours of training in total	MDT members (35)	Quantitative: action research; comparison study	Pre- & post- questionnaires: measures of competency (self-assessment & manager-assessment)	Post-training competence measures were significantly higher for both groups, supported by self-assessment and manager-assessment ratings
Leech & Trotter (2006)	Multi-disciplinary Training Module (UK)	Reflective writing at end of every teaching session; group review of reflections	10 weeks/ workshop every week	Qualified mixed disciplines (n=NR)	Qualitative	Written reflections of both students & tutors	Transformation of emotions may have been due to reflection; reflection felt to have assisted learning about self & other & improving professional practice
Wimpenny et al. (2006)	3 Mental Health Occupational Therapy Teams (UK)	Group reflective supervision; individual supervision	12 months/ 2 hour group session every 4 weeks	Qualified OTs (NR)	Qualitative: participatory action research	Interviews at 6 months & 12 months; observation of reflective group supervision; observation of workshop	Increased use of evidence-based model
Yip (2006a)	Social Work Training (Hong Kong)	Group seminars; action learning projects	NR	Student Social Workers (95)	Quantitative	Questionnaires (content not specified)	Self-reported improvements in sensitivity, analytic ability, ability to intervene & evaluate; increased self-reflection



### **1.3.1 Development of Reflective Practice**

The following section presents summaries of four papers investigating the development of reflective practice in mental health practitioners.

Bailey (1995) found that following the use of reflective practice, mental health nurses showed enhanced capacity for reflection and use of theoretical knowledge in their practice, participants also demonstrated development of problem-solving approaches. Following the end of the study the group members all decided to continue using reflective practice, indicating how helpful participants found it. Changes were not limited to personal practice: time was built into the shift pattern with the aim of providing a space to reflect for the team as a whole (Bailey, 1995). However, it is not clear from the paper how changes in decision-making, use of knowledge in action or problem-solving were measured, or how the data in the study was analysed.

Minghella and Benson (1995) used Boud et al's (1985) stages of reflection as a framework for nursing students to record their reflections, which were then taken to reflective practice sessions. Although themes brought to earlier sessions persisted throughout the course, there were changes in the students' presentation of incidents, the way they made use of their audience, and their approach to analysis (Minghella & Benson, 1995). The beginning phase of the course was characterised by focus on the self; it appeared that the students presented their incidents to the group seeking answers, however, during the final reflective session the students were presenting processed material for comment by their peers rather than expecting answers from the facilitators (Minghella & Benson, 1995). The



authors concluded that skills of reflection could be fostered in students by the use of critical incident analysis (Minghella & Benson, 1995).

Boniface (2002) explored reflection in the professional practice of Occupational Therapists (OTs) and found that initially groups disagreed about whether reflection is an innate ability, with some OTs believing that some people do not have the self-awareness necessary for reflection. After discussion in reflective groups, however, the OTs reached a consensus that in all practitioners, some natural ability to reflect exists, which needs to be nurtured within a supportive environment. Boniface (2002) concluded that for reflection to be taught, the use of frameworks for reflection was necessary, but these had to be employed flexibly.

Germain's (2003) study investigated the development of reflective practice within novice counsellors, and how journal writing may assist in this process. Germain (2003) found that participants expressed reflection as an important skill in their development as counsellors, feeling that emotions could be transformed through the process of writing down emotional experiences and reflecting on these. Germain suggested that using reflective practice may be a way of enabling counsellor trainees to realise that they can 'be themselves' in sessions with their clients, a way to integrate the personal and professional self (2003, p 183).

It appears that the use of reflective practice facilitates mental health practitioners to develop more sophisticated skills in terms of reflecting on their practice in a way that enables them to evaluate their own practice, to be more self reliant, develop problem solving approaches and integrate the personal and professional self.

### 1.3.2 Impact on Practice

A total of nine articles were found that reported inquiries into clinical practice in mental health settings following the implementation of reflective practice, these are summarised, as follows:

Rushton (1998) used a framework taken from the Burford model (Johns, 1994) to implement reflective practice in a community team for older adults. Results from evaluation questionnaires indicated improvements in all aspects of the service-users' perceptions of care and staff perceptions of work satisfaction (Rushton, 1998). Rushton (1998) concluded that reflective practice improved clinical work, including skills development, confidence and communication. Results from this study may have been confounded by the fact that not only had the model been implemented, but also management had changed, as Rushton himself had been appointed as team leader. Also service-user ratings may have been influenced by increased familiarity with the professionals in the team. Participating service-users were new to the team at the beginning of the project, therefore their ratings may have been influenced by the anxiety of having a stranger in their home, in comparison with some-one they had built a relationship with by the second data collection period. Although this study compared staff ratings from a similar team, using a control group from within the team would have helped to differentiate whether change was due to reflective practice or the change of management.

Rushton's (1999) follow-up to his earlier assessment (Rushton, 1998), found that nine out of ten staff believed that using reflective practice had changed their way of working either 'mostly' or 'definitely'. All of the staff felt



that using the model increased their ability to have more empathy with their service-users, and improved team working (Rushton, 1999).

Graham (2000) reports the use of reflective practice by mental health nurses exploring the nature of their practice. The nurses discussed the impact of their role and practice on their status within the organisation. Awareness was raised of conflict between clinical need and official procedure, highlighting the practitioners' lack of power. Reflective practice enabled the nurses to understand, and therefore focus on, the key aspect of their work – relationship building. Graham (2000) developed a model to illuminate the nursing philosophy on the unit, facilitating movement from individual interpretations of care to a group ideology, which enabled the nurses to develop confidence in their identity and contribution within the multidisciplinary team (Graham, 2000).

Hart and colleagues (2000) evaluated a programme of accelerated professional development (APD) and compared this with 'peer consultation' sessions that had no directed learning. Evaluation of the two conditions in this study showed improvements for participants in both groups in expressed empathy and interpersonal relationships with both service-users and colleagues. Hart et al. (2000) used self-reported measures of empathy, and there are methodological difficulties with this, for example, respondents may not want to admit that they lack this quality, and so might over-report their capacity to be empathic.

Holdsworth, Belshaw and Murray (2001) describe the implementation and evaluation of a reflective training programme for nurses in assessment and intervention with people who self-harm. Holdsworth et al.'s (2001)

evaluation showed that all participants believed their knowledge base had increased, and the majority of participants felt the programme had helped them to develop work-related skills. Holdsworth and colleagues (2001) point out that they were unable to use statistical analysis, as their sample was too small. There was no direct measurement of impact on the service provided, however the authors proposed that clinical practice would have improved as a result of increased confidence and skill of the participants (Holdsworth et al., 2001).

Wilshaw and Bohannon (2003) evaluated two reflective strategies to multidisciplinary team training: the 'time out' and 'debrief' approaches. Competency scores following training in both approaches were improved and these changes were found to be statistically significant. Wilshaw and Bohannon (2003) conclude that both approaches could be used to encourage reflective practice. The authors point out that reliability of the study may be compromised by their use of self-ratings, however, they addressed this by also using line-manager rating (Wilshaw & Bohannon, 2003). Although this study included staff from ten multidisciplinary teams (n=120), only thirty-five sets of data were completed by the end of the study, which could have skewed the sample, as there may have been some self-selection bias (Wilshaw & Bohannon, 2003). The study used a control group who completed pre-training measures, however they were unable to complete the post-training measures as the service they were working in was disbanded (Wilshaw & Bohannon, 2003).

Leech and Trotter (2006) used structured reflection with their multidisciplinary students, to explore their emotional responses to a learning



programme for work with survivors of child sexual abuse. These emotions appeared to develop and transform over time from 'denial, fear, disgust and confusion' to 'learning, acceptance and understanding'. The authors acknowledge that although this may not necessarily have been as a result of reflection alone, they believe that their reflective stance on the course facilitated this movement (Leech & Trotter, 2006).

Wimpenny, Forsyth, Jones, Evans and Colley (2006) report their evaluation of group reflective supervision in OTs as a means of integrating an evidence-based conceptual model into their practice. Three teams of OTs working in different settings took part in the study, including fifteen OTs working within mental health settings. Following implementation of the model through the reflective supervision groups, participants reported increased 'clarity of role' (Wimpenny et al., 2006, p.426). The authors conclude that group reflection provided the participants with a framework and forum for developing evidence-based skills and exploration of issues arising from their work, enabling them to effect change within their practice (Wimpenny et al., 2006).

Studying reflective practice in social work trainees, Yip (2006b) encouraged students to reflect through seminars, action learning and case analysis. Yip (2006b) reports that student feedback showed good results for the development of reflection in social work practice; the majority of the trainee social workers' views indicated that they felt the learning strategies had improved their sensitivity, skills of analysis and intervention. Students also indicated that their skills in evaluation and self-reflection had improved. Yip (2006b) did not employ a control group, which could have helped to

differentiate between the effects of reflective practice and other training received.

This literature indicates that there are benefits for using reflective practice for both service-users and staff in mental health settings, however there are some methodological limitations in these studies which merit further discussion.

## **1.4 Discussion**

### **1.4.1 Findings**

Although the literature reviewed could be divided into the two areas of development of reflective skills and impact on practice, several main themes have emerged across both areas:

#### **1.4.1.1**        *Conceptualisation of Reflection*

Of the thirteen studies reviewed, eight define reflection; most of these refer to examining practice in some way so that learning can take place (Bailey, 1995; Boniface, 2002; Germain, 2003; Graham, 2000; Hart et al., 2000; Leech & Trotter, 2006; Minghella & Benson, 1995; Yip, 2006b). The purpose of Graham's (2000) study was to make implicit knowledge explicit and other papers also refer to this as an element of reflective practice (Bailey, 1995; Minghella & Benson, 1995). Two of the studies attempted to elicit definitions of reflection from the participants (Bailey, 1995; Boniface, 2002). Those that did not provide definitions, referred to identified models of



reflection (Holdsworth et al., 2001; Rushton, 1998; 1999; Wilshaw & Bohannon, 2003; Wimpenny et al., 2006). Only four of the studies both defined reflective practice and identified the model they had used.

There were some differences in definition, for example, only two definitions specifically mentioned the emotional component of reflection (Graham, 2000; Leech & Trotter, 2006), however differences do seem to be largely those of terminology (Atkins & Murphy, 1993).

#### *1.4.1.2 Obstacles to Reflection*

Two of the studies reviewed noted 'lack of time' as an obstacle (Boniface, 2002; Holdsworth et al., 2001). These findings fit with Paget's (2001) study, which identified several impediments to the continued use of reflection in general nursing practice. In Boniface's (2002) study, time was a particular problem in the mental health setting, as the participants were expected to take on the role of care-coordinator as well as that of OT. Participants in this study viewed environment as potentially facilitating reflection, however in practice most OTs worked in environments that impeded reflection. Yip found that development of reflectivity required 'intellectual space', active discussion and mental preparation, and therefore was a very demanding process for the students, which had to be carefully handled by the facilitator (Yip, 2006b, p.253).

Holdsworth et al. (2001) found lack of power over outcomes as a barrier to thoughtful practice on Accident and Emergency and Medical Admission Units, which supports the earlier work of Rich and Parker (1995)

and Page and Meerabeau (2000). Bailey (1995) also found that the working environment of low staff morale and high staff turnover appeared to impede the development of reflective skills. Hart et al. (2000) identified that reflection does not always translate into changes in clinical practice, however, hypothesised that using peer consultation could give practitioners a sense of camaraderie, which might support them to meet challenges. Similarly, Wimpenny et al. (2006) observed that commitment to reflective group supervision grew as practitioners witnessed their colleagues' engagement in the process.

Like the studies cited in the introduction, the obstacle to reflection highlighted in the studies reviewed was the environment, including time pressure and power issues, however, using group reflection seemed to be a way of maximising time input and creating an environment that nurtured reflective practice.

#### *1.4.1.3 Empowerment Through Group Reflection*

Hart et al. (2000) noted that the emphasis in their professional development programme is on the progress of both the individual and the group, and the power balance is moved from hierarchical relationships, as the supervisory relationship is seen as not the only place where learning can occur. All Boniface's (2002) participants agreed that reflection can be a solitary activity, but is more productive with others, again the group members questioned whether the supervisor is the ideal person to reflect with, due to the power relationship. Yip (2006b) commented that practical reflectivity is an



activity that cannot take place alone, as it is a process requiring self-disclosure and discussion. These findings were similar to Platzer et al.'s (2000a) finding that the group format facilitated access to other perspectives and enabled students to develop their ability to tolerate ambiguity, which was compared with individual supervision, where it is sometimes seen that there are clear cut answers, and the supervisor knows best.

Hart and colleagues found that a sense of powerlessness in relation to the organisation was a theme that emerged from qualitative analysis of practice incidents. The authors found, however, that through peer consultation the nurses were able to use the literature to discuss the incidents leading to a feeling of empowerment (Hart et al., 2000). Graham's (2000) study also highlighted that participating nurses felt insecure about the care they were offering due to the conflict between their personal beliefs about individualised care and the ethos of the wider organisation. It would appear that sharing these thoughts with each other, in the reflective groups, validated the nurses belief in individualised care (Graham, 2000).

These studies indicate that the group format can be a powerful tool in empowering practitioners, as suggested by Clarke et al. (1996) and Page and Meerabeau (2000).

#### *1.4.1.4 Support for Practitioners*

The current review also found that reflective practice increased practitioners' feelings of being supported. In Rushton's (1998) study, feelings of being supported improved over time with all members of the team rating

that they 'always' felt well supported at the final evaluation. Rushton's (1999) follow-up found that all staff felt that using reflection improved team working and support. Wimpenny et al. (2006) also found that staff felt supported in their reflective supervision groups through the process of implementing change in their practice. These findings are commensurate with Clarke et al.'s (1996) assertion that reflective practice would benefit practitioners by providing support. When professionals engaged in discussion about their practice, this provided support and reassurance for others, surprisingly nurses did not do this until reflective practice gave them a forum (Graham, 2000).

In Holdsworth et al.'s (2001) study, a questionnaire, based on the 'stress-coping-strain' model of Cohen and Lazarus (1979), was administered to participants to test the hypothesis that participants' perceptions of strain would decrease as their coping responses were augmented through the training. Holdsworth et al. (2001) found that although stressors remained constant throughout the period of evaluation, the nurses reported less burden on their skills and greater confidence in the management of cases. In addition, most participants reported decreased levels of anxiety, irritation and helplessness following the workshops (Holdsworth et al., 2001). Hart and colleagues (2000) found that their peer consultation programme had demonstrated staff-focused improvement in terms of work environment. Hart et al. (2000 p.36) suggest that when practitioners 'experience empathic understanding from colleagues' this enables empathic practice. It could be suggested that containment of practitioner enables containment of service-



user, in line with psychological models of emotional containment (Bion, 1962).

#### *1.4.1.5 Service-User Centred Practice*

Several of the studies reviewed highlighted benefits to service-users. Hart and colleagues (2000) found practitioner improvements in empathy and in communication and collaboration with service-users, carers and colleagues, following their APD programme.

Rushton (1998) found increases in service-users' ratings of whether they felt the professional's visits were beneficial, feeling that the professional could understand their problem and looking forward to their visit following reflective practice. Outcomes for service-users feeling involved in the planning of their care were also improved (Rushton, 1998). Rushton (1999) found that all staff in the team felt using reflection increased their ability to either 'mostly' or 'definitely' have more empathy with their clients. Similarly, participants in Germain's study felt that the act of 'being in tune with their own' emotions, improved their ability to in turn 'help their clients be in tune with their emotional experiences' (Germain, 2003, p.176).

One of the most salient developments noted by Minghella and Benson (1995) was a shift from focus on self, in earlier reflective practice sessions, to focus on the service-user in later sessions. The reflective process in Graham's study enabled the participants to understand that their nursing role was based on building collaborative relationships with their patients, leading to 'individualised care' (2000, p.114). These studies all lend support to the

finding of Platzer et al. (2000a), that reflective practice increases practitioners' ability to empathise with others, leading to a more service-user centred practice.

#### *1.4.1.6 Integrating Theory and Practice*

It appears that reflective practice may be able to facilitate the integration of theory and practice, in line with the findings of Minghella & Benson's (1995) study of general nursing students. Graham's (2000) conclusion was that reflective practice had enabled the nurses in the study to reveal the implicit theories behind their practice. The participants in Wimpenny et al.'s (2006) study reported that reflective groups had enabled a model of practice to be implemented by the practitioners, ensuring an evidence-based service. Wimpenny et al. (2006) stated that frameworks for reflective practice should become a part of professional practice in Occupational Therapy to ensure that practice is informed by theory. Wilshaw and Bohannon, however, argued that reflection alone may not avoid the development of 'alienated care', as it has been posited that habitual care could itself be 'characterised by extensive reflection' (Jarvis, 1992), but the addition of integrating ideas from theory and research may result in truly 'thoughtful care' (2003, p.37). This raises the question of whether it is the use of reflective practice itself, or the integration of theory and practice, which can be a feature of reflective practice, that promotes individualised, thoughtful care.



## **1.4.2 Methodological Limitations**

### **1.4.2.1 *Conceptual Issues***

Five of the studies did not define reflection (Rushton, 1998; 1999, Holdsworth et al., 2001; Wilshaw & Bohannon, 2003; Wimpenny et al., 2006) and three did not identify the models of reflection used (Boniface, 2002; Germain, 2003; Leech & Trotter, 2006). This could present difficulties in terms of replicating studies, comparing studies, and comparing models of reflection. Despite a wealth of literature referring to the conceptual difficulties of reflective practice, this aspect remains problematic in the more recent empirical literature. It is almost as if use of the concept of reflection gives a license to be vague, or because definition is so problematic, investigators shy away from using them.

### **1.4.2.2 *Sample***

Four of the seven quantitative studies in this review use small samples (Holdsworth et al., 2001; Rushton, 1998; 1999; Wilshaw & Bohannon, 2003), which do not allow for the results to be generalised. There is also the issue of self-selecting samples (Boniface, 2002; Germain, 2003; Hart et al, 2000). One of the limitations of Germain's (2003) study, noted by the author, was lack of diversity of participants. None of the other studies reviewed presented data about the cultural backgrounds or gender of participants, again making it difficult to generalise from these studies, or draw conclusions about the effects of these variables on outcome. Most of the studies were undertaken

in the UK in the National Health Service with only a few exceptions (Germaine, 2003; Hart et al., 2000; Yip, 2006b).

#### *1.4.2.3 Measurement Issues*

In several of the studies, themes are presented, but with no information about how the analysis was conducted (Bailey, 1995; Minghella and Benson, 1995; Wimpenny et al., 2006; Yip, 2006b).

Some of the studies are limited by their use of self-report measures only (Holdsworth et al., 2001; Rushton, 1999; Yip, 2006b), participants state their perception of skill development, but there is no objective measurement, with the exception of Wilshaw and Bohannon (2003) and Hart et al. (2000) who use supervisor ratings, and Rushton (1998) who used service-user ratings in addition to self-report.

#### *1.4.2.4 Confounding Variables*

Several of the studies use participants who were not only being introduced to reflective practice, but were also engaged in professional training (Germain, 2003; Leech & Trotter, 2006; Minghella & Benson, 1995; Yip, 2006b). This makes it difficult to differentiate whether the developments noted are as a result of reflective practice or the training as a whole. Some of the authors themselves note this as a confounding variable (Minghella & Benson, 1995). Also, the process of thinking about skills and confidence could lead to increases in awareness, which could influence self-ratings of these attributes.



As previously stated, Rushton (1998) reported a management change to the team studied prior to the implementation of reflective practice, which may have influenced the increased feelings of support and satisfaction experienced by the staff.

A further hindrance to the identification of confounding variables were the difficulties encountered in the use of control groups (Rushton, 1998; Wilshaw & Bohannon, 2003), or lack of control group in other quantitative studies reported (Hart et al., 2000; Holdsworth et al., 2001; Yip, 2006b).

### **1.4.3 Implications**

#### **1.4.3.1 *Clinical***

Despite the methodological difficulties of the studies reviewed, it would appear that reflective practice has positive implications for practice, in terms of both practitioners feeling supported, increasing in confidence and competence, and the impact that this has on practitioners' ability to be empathic, to communicate with, and to deliver an evidence-based service to their service users.

It is clear from the research that time and environment are major factors in facilitating reflective practice; therefore time needs to be allocated in a conducive environment for reflection to take place. Many of the studies have identified the importance of group settings for reflection and peer support, therefore the group format for sharing practice experiences and receiving feedback would appear to be a useful forum for focussing on individualised care and evaluation of practice. There may be therefore,

implications for using group supervision, not just as a cost effective alternative to individual supervision, but as a richer and more empowering format. It has also been identified that supervision would be enriched by a division between managerial aspects and opportunities to reflect on personal and professional development (Boniface, 2002; Rushton, 1998). It appears to be important that structures are put in place both to facilitate reflective activity and to ensure that reflection becomes translated into action.

#### *1.4.3.2 Research*

It has been suggested that it would be beneficial to seek service-user views of reflective practice (e.g. Hart et al., 2000). It may also be valuable to compare reflective with non-reflective practitioners, although finding a practitioner who admitted that they were not reflective could be difficult in an age where most training programmes claim to teach, and most professional guidelines stipulate the use of, reflective practice. However, it should be possible to compare practitioners who use structured reflection with those who do not use formal strategies. Most available literature looking at reflective practice in mental health is based on the nursing literature, with some studies in occupational therapy and social work, therefore the evidence base would benefit from investigations of reflection within other professions, and staff who do not necessarily have formal training, such as support workers. Germain (2003) recommends that further research is necessary to explore the development of reflective practice in novice counsellors, especially those from different backgrounds and at different stages throughout training. Yip (2006b) concluded that further research is required to



identify the processes involved and the impact of learning strategies in developing social work trainees' practice with service-users who experience mental health difficulties. In my view, this should also be extended to other disciplines working psychologically in mental health settings, for example, clinical nurse specialists and psychologists.

Studies looking at which aspects of reflective practice are most useful may be called for, for example, comparison of reflective practice integrating theoretical information and reflection on practice without theory, as Wilshaw and Bohannon (2003) suggest that use of theory is a key factor in promoting thoughtful care.

Hart et al. (2000) suggest that follow up data would have been helpful in their study, to see whether changes were maintained. Longitudinal studies would definitely be indicated to evaluate the longer-term impact of reflective practice on the working environment.

## **1.5 Conclusion**

There is a wealth of literature pertaining to reflection and the conceptual difficulties the topic raises. Reflective practice has been introduced into many professional training courses within the mental health field despite the lack of strong evidence, however the body of research into reflective practice is steadily growing. This review has drawn together studies from the mental health field which have identified the role of reflective practice in providing service-user focussed practice, highlighting the support felt by staff and the utility of group settings for encouraging reflection in the

workplace. Some of the studies also suggest that there is a role for reflective practice in the integration of theory and practice, however obstacles to reflection were also noted, for example environmental conditions.

There are methodological problems identified with the literature, often relating to the conceptual difficulties of reflection. There is also an absence of data reported in the studies on social and ethnic backgrounds of the participants, and there are gaps in our understanding of how reflective practice is used by certain disciplines. Therefore there appears to be a need to reach a consensus of understanding of the concept of reflective practice and to continue to systematically evaluate the contribution of reflective practice to practitioners and service-users within mental health settings, using robust studies, across a wider variety of professional groups.



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## Chapter Two: Empirical Paper

### **Trainee Clinical Psychologists’ Experience of Reflective Practice: How does this impact on sense of self? An Exploratory Study**

**Word Count: 8,575** (Excluding tables and references)

All names within this report have been changed to  
protect the confidentiality of the participants.  
No information is included which would identify participating universities.

## **2.0 Abstract**

Clinical psychology training can be an arduous process, not just professionally and academically, but also emotionally. Reflective Practice has grown increasingly popular within the arena of clinical psychology training in the United Kingdom, as a way for clinicians to personally develop and establish better relationships with their clients. This research is a qualitative investigation of the experience of trainees, using Interpretative Phenomenological Analysis to understand how reflective practice impacts on personal and professional development. A number of major themes were extracted from the data, which are discussed in light of the existing literature. A preliminary model of reflection is proposed, indicating that self-reflection lies at the heart of reflective practice. Implications for clinical training, psychologist self-care and future research are discussed.



## **2.1 Introduction**

### **2.1.1 Trainee Experience of Psychological Difficulties**

It is known from previous research that trainee clinical psychologists report significant levels of psychological distress during training (e.g. Cushway, 1992; Kuyken, Peters, Power & Lavender, 1998; Brooks, Holtum & Lavender, 2002). Further work conducted by Kuyken, Peters, Power and Lavender found that trainees using 'avoidance' coping strategies were less successful in adaptation over time, and this could lead to "emotional numbness... and impaired reflective ability" (2003, p.50). Cushway (1996) highlights that rivalry for places on training courses is often intense and, as a result of a competitive mindset, trainees may be reluctant to show what they perceive as inadequacies. Cheshire (2000) explored professional socialisation of trainee clinical psychologists and found that most participants reported unexpected challenges in their transition to clinical training.

### **2.1.2 Evidence for Using Reflective Practice**

The evolution of reflective practice in education has been well documented by previous authors (e.g. Dyke, 2006), however, it was not until 1983 when Donald A. Schön wrote 'The Reflective Practitioner', that the concept was applied to other disciplines, such as psychotherapy. Schön (1983) encouraged professionals to assume a less 'expert' stance with clients, demystifying professional knowledge, without divesting themselves of responsibility. He posited that practice could be improved by using knowledge gained through reflection to develop responses that are better

formulated to meet the client's needs and proposed this as an alternative to hiding behind the habitual professional responses that he felt characterised the nature of professionalism at that time. Platzer, Blake and Ashford (2000) found empirical support for Schön's theory in that their nursing students, using reflective practice, were able to respond to the individual needs of the service-user with increased empathy. Reflective practice has been found to improve service-user satisfaction ratings in mental health settings (Rushton, 1998). In the Department of Health document 'Organising and Delivering Psychological Therapies', a service user project was reported which indicated that users of mental health services found "staff inflexibility in relation to particular theoretical models" unhelpful (2004, p.13).

A number of positive effects on practice within health and social care have been attributed to reflection, including integrating theory and practice (e.g. Rich & Parker, 1995). Hoshmand and Polkinghorne (1992) argued that the knowledge base of professional psychology should embrace more than just traditional sources of evidence to encompass knowledge derived from practice, and argued that reflection is crucial to this, in order to test the validity of knowledge deduced from practice.

It has been proposed that reflection can be instrumental in the professional development of psychological therapists and counsellors (e.g. Ronnestad & Skovholt, 1993), which was supported by Germain's (2003) study of trainee counsellors. Neufeldt, Karno and Nelson (1996) interviewed experts in practitioner development to illuminate understanding of reflection, their work indicated that practice in therapy sessions was adjusted as a result of reflections in supervision.



### **2.1.3 Difficulties Associated with Reflective Practice**

Reflective practice is not without its difficulties, many authors point to a lack of clarity of the concept of reflection in the literature (e.g. Jarvis, 1992). Practitioners have been warned that reflection may: be an uncomfortable process (Atkins & Murphy, 1995); challenge coping mechanisms, (Rich & Parker, 1995); lead to internal conflict (Page & Meerabeau, 2000); and encourage unresolved trauma to surface (Yip, 2006). Rich and Parker (1995) argued that reflective practice, in the hands of the unprepared practitioner, could potentially be psychologically disturbing. It has been suggested that ethical issues may be raised as a result of reflection, for example, analysing critical incidents may result in unprofessional or dangerous behaviour being disclosed, leaving the facilitator with the dilemma of whether or not to act on the information (Rich & Parker, 1995).

It has been identified that working environment can influence reflection, with reflective practice impeded in organizations that are 'busy', outcome focussed and 'judgemental' (Clarke et al., 1996, p.178), and that supportive environments are crucial to reflection (e.g. Atkins & Murphy, 1995). Redmond (2004) warns that fear of failure may present a significant barrier to learning in the realm of reflective practice, however she believes that it is possible to create a supportive environment in which practitioners could take the risk of stepping out from behind the professional mask. Ixer (1999) has argued that assessing students competence in reflection could be viewed as oppressive, and Dyke (2006) that giving tutors access to students' diaries could increase the power differential.

Repeatedly highlighted in the literature is the lack of empirical evidence to support the use of reflective practice within health and social care (e.g. Burton, 2000).

#### **2.1.4 Reflective Practice and Clinical Training**

The concept of reflective practice has emerged in the discipline of clinical psychology as a way of enhancing personal development and clinical practice.

A definition of reflective practice within the context of clinical psychology has been offered as:

*“... processing and reprocessing experience and relating it to broader theoretical perspectives that constitutes a metatheoretical framework which forms the basis of a continuous cycle of critical evaluation of one’s practice.”*

(Stedmon, Mitchell, & Johnstone, 2003, p.31)

Stedmon and colleagues highlighted that learning outcomes proposed by the British Psychological Society Committee on Training in Clinical Psychology included “the ability to demonstrate self-awareness and to work as a reflective practitioner” (Stedmon et al., 2003, p.30). Therefore, they emphasise the need for a shared understanding of the concept of reflective practice, in order to ensure that it can be used to underpin teaching and clinical practice effectively.

Galloway, Webster, Howey and Roberstson (2003) argue that within clinical psychology training, ‘developmental’ aspects should be given equal



priority to the academic and clinical aspects of the course. In contrast to this, a study surveying clinical psychology programs across the UK, found that responding courses did not, on the whole, prioritise personal development or reflective practice. Although nine of the seventeen responding courses identified having personal and professional development as a core competency in their curriculum, only six of these had provided a clear definition of it (Gillmer & Markus, 2003).

Gillmer and Markus (2003) point out that group work is often a feature of personal and professional development initiatives in clinical training courses, however the focus of these groups may be varied. Hall et al. (1999) surveyed counsellors who had undergone personal development groups as part of their training and found that participants credited the group work with much of their personal and professional development, however, Irving and Williams (1996) have been more critical about the use of group work, suggesting that it may result in psychological harm to counselling trainees.

### **2.1.5 Sense of Self**

The concept of 'self' is not without its difficulties, a plethora of definitions led Leary and Tangney to call for a unified use of the term, and propose the following definition:

*"the psychological apparatus that allows organisms to think consciously about themselves"* (2003, p.8).

Ghaye and Lillyman (2000) suggest that reflection can give the practitioner a clearer sense of identity, in relation to others and within the

workplace. This was supported by Nasby's (1985) experimental study, which identified that people who engaged in repeated self-reflection developed a view of themselves that was more elaborate and securely rooted than those who were rarely introspective. This self development may not seem so obvious to the trainees who are experiencing it; Gillmer and Markus note one of the core themes identified at a workshop for clinical psychology trainers, as "*deconstruction of self*", which they believed to be an inevitable outcome of personal and professional development and contrasts with the "super-competent image" required of trainees (2003, p.21).

The development of a positive self-image has been viewed as an important step towards transformative learning (Boud, Keogh & Walker, 1985). It has been argued that reflection can encourage increased self-awareness (e.g. Paget, 2001), and increased understanding of the 'social, economic and political context' of practice (James & Clarke, 1994, p.88).

### **2.1.6 Rationale**

A significant proportion of trainees experience difficulties through the course of clinical training. Schön (1983) suggests that in using the reflective practice model the practitioner assumes a less 'expert' role than the traditional professional. This model of working could raise the anxiety of the trainee clinician, at a time when they may be searching for confidence in their professional identity, although, it appears necessary to introduce strategies for reflection in order for trainee psychologists to have knowledge of how to take care of themselves and to perform optimally as clinicians. Teaching



reflective practice on clinical training courses can be seen as an effective way of meeting both these objectives, but we know little of how trainees perceive this aspect of training.

Several authors have suggested a need for the exploration of reflection within psychology (e.g. Bennett-Levy, 2003; Hoshmand & Polkinghorne, 1992). Neufeldt, et al. (1996) suggested that their theory of reflectivity could be illuminated by exploring supervisees thinking. Forrest, Elman, Gizara and Vacha-Haase (1999) called for research into trainees perceptions of their interaction with training programs, in order to obtain the student perspective into what can make the experience more manageable.

## **2.2 Method**

### **2.2.1 Aims and Design**

This study aims to address the gap in the research literature by building up an understanding of the experience of reflective practice from the point of view of psychologists in clinical training, and illuminating in what way this part of the training process may impact on the sense of identity of the participants. Data will be analysed using Interpretative Phenomenological Analysis (IPA) in order to propose a model of how reflective practice may encourage the development of the professional self in clinical psychology. This model could be used to inform the focus of reflective practice on clinical training courses.

The current study uses qualitative methodology to allow the detail of the participants' narratives to inform understanding of both their experiences

and their sense of identity. Review of the literature revealed a lack of empirical research in this area and a 'call' for qualitative research from trainees' perspectives, in order to understand what trainees may find helpful from courses. IPA has been used as the object of interest is the participants' experience and underlying cognitions. Interviews were used to collect data to allow for rich description of the participants' experiences (Barker, Pistrang & Elliott, 2002, p.72). All names used in this report have been changed to protect participants' anonymity.

### **2.2.2 Participants**

Participants for this study were recruited through the clinical psychology departments of universities. Inclusion criteria stated that participants were psychologists currently enrolled in clinical training on courses in the UK that involve a reflective practice component. Trainees from the author's own training cohort were excluded from the study, as were trainees in their first year of study, as it was felt that they would have insufficient experience of reflective practice at this stage of training. Fifty-eight students were sent letters through their universities inviting them to participate. Out of those sent invitations, ten trainees contacted the researcher and agreed to be interviewed. The mean age of those interviewed was 28.9 years. The mean length of clinical experience of participants, including their time within clinical training, was 5.15 years. This did not include experience in research or other related but non-clinical roles, such as support work. Seven of the participants were in their third year of training and three were in their second year, all were female. Table one gives information



about participants, to enable the reader to see each individual in context. There was no information available about trainees who chose not to participate.

**Table 2.1: Participants’ demographic details**

Participant	Age (yrs)	Gender	Ethnicity	Year of training	Clinical experience prior to training (yrs)
Kate	27	Female	White British	2	3.5
Suzanne	29	Female	White British	3	2
Vicky	25	Female	White British	2	3
Hayley	36	Female	White British	3	4
Joanne	32	Female	White British	3	1
Helen	27	Female	White British	3	1
Clare	27	Female	White British	2	1
Sophia	27	Female	White British	3	3
Anna	30	Female	British Caribbean	3	4
Sara	29	Female	British Asian	3	2

### 2.2.3 Procedure

#### 2.2.3.1 *Ethics*

Ethical approval was obtained from the Local Research Ethics Committee (Appendix A) and from Coventry University Ethics Committee (Appendix B).

#### 2.2.3.2 *Data Collection*

Directors of three identified clinical psychology training courses were sent information about the study (Appendix E) along with a reply slip requesting permission to invite trainees to participate in the research (Appendix F). Once agreement was given by the Course Director information

packs were then sent to the Course Administrator for distribution to each trainee. The information packs contained a participant information sheet (Appendix E), and a letter requesting that the trainee return a signed consent slip to take part in the study (Appendix G). Once a participant agreed to take part in the study an interview was arranged at a mutually convenient time and location. Before the start of the interview, participants were asked to sign a consent form (Appendix H).

A semi-structured interview schedule was designed to facilitate discussion of experience of reflective practice within clinical training (Appendix I). The open-ended questions were drawn from themes in the relevant literature.

Interviews were conducted face-to-face, lasting between 40 and 90 minutes, and were audio-recorded for transcription. Participants were offered time at the end of the interview to debrief and reflect on the interview process, which was not audio-recorded.

Within IPA the interview schedule is developed over the course of data collection. The first two interviews performed the function of a pilot study and therefore were used to inform subsequent interview questions in order to maximise relevant data collection. The data from these interviews was also included in the analysis.

#### **2.2.4 Analysis**

Data was analysed according to the method outlined by Smith, Jarman, & Osborn (1999), which was used in a study examining the shared experiences of a number of participants, see table 2:



**Table 2.2: Method of data analysis (Smith, et al., 1999)**

<b>Stage</b>	<b>Description</b>
<i>Initial Coding</i>	A transcript was read several times to note potential codes, salient features and initial thoughts in the left margin. This transcript was then examined more closely, noting all emergent themes in the right margin (see Appendix J). A separate sheet was used to note down themes from the transcript and those that appeared to be meaningfully related were arranged into 'clusters' (see Appendix K). This initial coding procedure was repeated for each of the transcripts.
<i>Identifying Shared Themes</i>	Broad themes were identified through looking collectively at the clusters and recognising shared themes across participants (Appendix L). These themes were discussed between the authors which enabled them to be represented diagrammatically (Figure 2.1)
<i>Analysing Shared Themes</i>	With these major themes in mind, the transcripts were searched for data that may have been disregarded in the initial coding process. Extracts relating to each general category were analysed in detail with an emphasis on viewing the shared aspects of the experience. Themes that did not fit with the emerging conceptualisation, or lacked evidence in the data were excluded at this stage. Extracts from the transcripts were then organised into groups, each pertaining to a related theme.
<i>Searching for Patterns, Connections and Tensions</i>	Each major theme was considered in terms of how it relates to each of the other categories. This process revealed patterns in the data, including links and conflicts. Which have been represented as a model of reflective activity within clinical training (Figure 2.2).
<i>Writing Up</i>	The diagram was used to inform a narrative account of the experiences. The shared themes provide a coherent structure for the account and the unique experiences of the participants are illustrated using dialogue from the transcripts. Final re-reading of the original transcripts to ensure that interpretations emerged from the data, rather than being imposed on it, was conducted to minimise researcher bias.

#### 2.2.4.1 *Researcher's Position and Importance of Subjectivity*

The use of IPA acknowledges the author's influence on the account to the understanding and analysis of the participants' experiences, an important factor in qualitative research (Stanley & Wise, 1983). In conducting the interviews, analysing and interpreting the data, the principal researcher's own background may have had significant impact on the process and results. The



first author's epistemological stance is that of critical realist, acknowledging that reality is mediated by the individual's perception. The author kept a reflective journal throughout the research process (Appendix M).

#### **2.2.4.2**      *Validity & Credibility*

Face validity of the interview schedule was assessed through feedback from the academic supervisor and participants. The academic supervisor checked the analysis of four transcripts for the emergent sub-themes and how these were arranged into clusters to form the major themes. "Credibility checks" were made by taking the data and results of analysis back to the participants (Appendix I), it was confirmed that the themes captured their experiences (Elliott, Fischer, & Rennie, 1999, p.222). At each stage of the analysis comparisons were made between the themes and the data, and extracts from the transcripts have been used within the results to demonstrate fidelity to the data.

### **2.3 Results and Discussion of Results**

Through the analysis a number of emergent sub-themes were noted, leading to the identification of major themes, which aim to capture the essence of the participants' experiences. Seven of the major themes are presented in this paper (see table 2.3). For further information regarding the frequency of sub-themes see Appendix O.



**Table 2.3: Major themes and sub-themes**

<b>Major Themes</b>	<b>Sub-Themes</b> (no. of participants discussing each theme)
<b>Self-Reflective Activity</b>	<i>Exploring own inner world (9), “Getting stuck” (8), “Time out” (8), Managing feelings (8)</i>
<b>Heightened Self Awareness</b>	<i>Knowing self (10), Perspective (7)</i>
<b>Reflective Activity with Others</b>	<i>Reflecting with others (10), Exploring relationships (9), Being monitored (6)</i>
<b>Heightened Other Awareness</b>	<i>Awareness of inner-world of others (8), Awareness of interpersonal &amp; unconscious processes (8), “Trust” (10)</i>
<b>Professional Reflective Activities</b>	<i>Examining practice (10), Integrating theory &amp; practice (3), Shaping practice (10), “Finding another outlet” (8)</i>
<b>Professional Outcomes</b>	<i>Relationship between personal &amp; professional self (8), Impact on professional self (10), Awareness of interpersonal &amp; unconscious processes in the therapeutic relationship (8), Making sense (8), Impact on client (10), Moving on (8)</i>
<b>Reflections on reflection</b>	<i>Development of reflective skills (10), “Reflecting to command” (8), Dependent on context (8), Costs &amp; benefits (10)</i>

These themes overlap and the narrative presentation of results is unable to truly capture the complexity of the data set, therefore the themes have also been incorporated into two diagrams in an attempt to elucidate the relationships.

Titles of major themes will be denoted by bold type, sub-themes by italics and extracts from transcripts are followed by the name of the participant, page number and line number of transcript (e.g. Kate, 12:15-16).

## 2.3.1 Self-Reflective Activity

### 2.3.1.1 *Exploring own inner world*

Leary and Tangney (2003) argued that the capacity to think about oneself is central to understanding the complicated nature of human behaviour. For these participants a major factor in reflection was thinking about their own thoughts, feelings and values, this was also seen as an activity that clinical psychologists must engage in:

*“... in order to reflect you need to be exploring a lot about yourself... .. to be able to make that process useful for you as a clinician...”*

(Joanne, 6:197-200)

This was sometimes in conflict with what was expected in the university setting:

*“...there was this notion that this isn't about being more aware of yourself, its, kind of, about practice..... We had to find our way back to thinking well actually some personal stuff **does** need to come into this.”*

(Anna, 8:253-257)

Powell and Howard's (2006) evaluation of reflective practice groups in one university found that the main benefits reported by trainees related to self-reflection rather than focussing on clinical work.



### 2.3.1.2 “Getting Stuck”

Participants recognised one of the potential hazards of reflection as getting stuck:

*“...you have to be really careful between, kind of, sitting and pondering and looking back ,and sitting and dwelling and, kind of, getting stuck and going round and round...”*

(Kate, 3:73-75)

There was also an acknowledgement that it can sometimes take the input of others to release the deadlock, which connects this category to ‘reflecting with others’. Interestingly, two of the participants saw getting stuck as part of the process and that ruminating and repeating patterns are necessary for learning and growth.

### 2.3.1.3 “Time out”

The theme of ‘time out’ emerged in the data in two ways; one was taking time out of the usual routine, or stepping back from the situation to reflect, the other was enabling the clinician to switch off from thinking about work by reflecting on practice within work, so:

*“...you wouldn't take it home with you in your head...”*

(Suzanne, 12:376)

#### 2.3.1.4 Managing Feelings

Five trainees acknowledged that reflective practice had a role in helping them to manage their own emotions, for example:

*“... if I hadn’t had this year and a half of thinking in those ways, then I would have actually just been mortified...”*

(Kate, 19:612-613)

Although three participants gave examples where groups were less helpful in managing feelings:

*“... it was almost like an invitation to reflect, but then it wasn't really closed down properly..... and it felt like we left quite uncontained from a lot of the groups.”*

(Hayley, 10:320-323)

Self-reflection was also felt to provoke negative emotions, when incidents that had not gone well were explored, or the trainee had received negative feedback from the group.

### 2.3.2 Heightened Self Awareness

#### 2.3.2.1 Knowing Self

Reflective practice was seen as a way of facilitating self-awareness:

*“... it really gives me that, sort of.. extended capacity to know who I am...”*

(Kate, 17:561-562)



Four of the participants noted that reflection could help them identify their own repeating patterns and one expressed the view that self-knowledge was a necessary precursor to engaging in reflective practice.

Four participants identified the role of reflection in helping them to embrace their human fallibility:

*“... reflective practice makes that process easier actually to acknowledge the fact that you aren’t, do you know what I mean... perfect, and you aren’t together, you know, all of the time, and there’s nothing wrong with that...”*

(Clare, 17:537-541)

Four participants spoke of learning about the complexity of their own individuality and the impact this has on how they understand their clients’ experiences, which shares a connection with the later theme ‘Impact on the client’.

### 2.3.2.2 *Perspective*

Seven of the trainees spoke about reflection enabling them to have a different view on a situation, both in clinical practice and life, however, sometimes training can make it difficult to get a sense of perspective:

*“... it’s difficult to sometimes, erm, get a bit of a reality check, so I think, you know, it does influence the ability, to, to be reflective...”*

(Clare, 14:466-468)

### 2.3.3 Interpersonal Reflective Activity

#### 2.3.3.1 *Reflecting with others*

There was an acknowledgement that reflecting with others was a very important part of the process within training, however difficulties were highlighted in reflecting with both university staff, in supervision and with peers:

*“... thinking about your feelings, and why you feel those things and then, who you are as a person and that kind of thing, I think, erm, because of the nature of the course, we’re colleagues....but also we’re put in a situation where we’re sharing our reflections which are often very personal, I think there’s a bit of a conflict of interest there...”*

(Clare, 6-7:202-207)

Value was seen in reflecting with other professionals. In some cases reflecting with others provided validation, whereas in other situations it actually undermined the trainee. One trainee felt that reflecting with others about the experience of being a trainee would be useful, similarly three of the participants who were on courses that facilitated this, valued this aspect of reflective practice. Lack of frequency and difficulties with official outlets at university seemed to lead to trainees accessing peer support, which links in with the theme ‘finding another outlet’.



### 2.3.3.2 *Exploring relationships*

Reflective practice was valued as something that encourages each clinician to think about their stance:

*“... looking at ourselves and, our positions and, our feelings about things, and how that was relating to our clinical work and, and, kind of, impact it was having on the kind of therapy we were doing...”*

(Helen, 1:13-15)

Seven trainees reflected on the difficulty of getting onto training and feeling the need to prove oneself. One of the trainees spoke about the position of the psychologist in relation to other professionals, another spoke about the power differential between trainee and supervisor and the effect that this can have on ability to reflect:

*“...I didn't, kind of, have the power... to negotiate, or any kind of structure, or the, where I'd tried to involve the University they.. you know, they just put me back in that position of.. trainee with.. little importance, just, kind of, get through it, so that's, you know, very, very off-putting to actual reflection.”*

(Anna, 16:516-520)

Some of the participants used reflective practice to explore their relationships with peers, others have used it to think about the supervisory relationship. Two trainees expressed disappointment that their groups did not offer the opportunity to explore relationships apart from the therapeutic relationship.

#### 2.3.3.3 *Being monitored*

One participant highlighted the value of having external facilitation of groups:

*„...its been very useful to have somebody that's just not in that bubble that is the training course.“*

(Hayley, 3:83-84)”

Two of the trainees talked about the difficulties, in terms of confidentiality, of having facilitators who were local clinicians. Continual assessment can lead to increased pressure to perform, which may inhibit balanced reflection on vulnerabilities as well as strengths:

*“... that’s difficult in training because you feel assessed all the time ... .. so it’s hard to not be good at everything... to try and appear that you’re.. you’re doing well”*

(Anna, 6:194-197)

Cheshire (2000) found that trainees’ professional development could be compromised by substandard supervision. She also identified that trainees, fearing negative evaluation from supervisors, were unlikely to address difficulties with supervision.

Assessment of reflection itself was also discussed by two trainees:

*“... it felt a bit odd that we were expected to be doing an assessed piece of work, that had maybe some sort of criteria to it, that was supposed to be linked to our reflective practice...”*

(Vicky, 21:701-703)



## 2.3.4 Heightened Other Awareness

### 2.3.4.1 Awareness of inner-world of others

Eight of the participants identified or gave examples of considering the thoughts, feelings or expectations of others in their interactions, as an important part of reflecting on practice and on life more generally:

*“...factors that might not necessarily be obviously visible, so things, er, like, what the person’s underlying values might be...”*

(Sara, 1:12-14)

### 2.3.4.2 Awareness of interpersonal & unconscious processes

It seems that membership of groups in university enables trainees to explore interpersonal factors between themselves. Some participants identified that an important part of learning about their interactions with others came from reflective practice:

*“... how I respond to people, about what it’s like to be my friend, about what it’s like to be my enemy...”*

(Kate, 17:573-574)

Some participants expressed disappointment in reflective practice at university for the neglect of these factors:

*“... all you’re doing effectively is getting together, to check in with each other, every now and then, there’s no sense of.. erm.. ongoing group process”*

(Helen, 3:69-70)

#### 2.3.4.3 “Trust”

Trainees noted that the more secure they felt with each other, the more reflection could take place. Once this trust had been established the sense of competitiveness seemed to reduce:

*“... in the first year as well, people were a bit more, sort of worried about saying things, in case they sounded stupid... .. but I think now, we don’t really, people don’t really have that fear, so much, um, and I don’t feel that I have to censor, kind of, my ideas... .. I think at the beginning for people it was still kind of competitive, they had to prove themselves... ”*

(Sara, 21:692-702)

It was also noted that reflection can be difficult despite good relationships with peers. There were also discrepancies between participants with some feeling safer to reflect on placement and some at university.

There appeared to be tensions between people wanting to explore personal material, but not having enough trust in the group. There was acknowledgement that although supervision requires “*a trusting relationship*” (Sophia, 7:201-206) this may be easier to establish individually than in the group setting:

*“... it feels safer, because its one person, with whom you already have a supervisory relationship, versus maybe ten people with whom you have a relationship, but that’s very different... .. it can feel a lot more... a lot less safe, really.”*

(Sophia, 3:83-87)



This was in line with Neufeldt, et al.'s (1996 p.7) study which identified that the capacity for reflection is mediated by circumstance, naming both the "culture of the institution" and the "safeness" of the supervisory relationship.

### **2.3.5 Professional Reflective Activities**

#### **2.3.5.1        *Examining practice***

All participants referred to examining their own practice, more specifically, eight participants spoke about exploring the therapeutic relationship. Some also chose to think more widely about the context of their practice, in terms of the:

*"... social or political context of clinical psychology and of the situation that the person's in..."*

(Sara, 1:24-25)

#### **2.3.5.2        *Integrating theory & practice***

This was not a prevalent theme in the data, however it raised an interesting tension between the view that reflective practice should include:

*"... more thinking about theory and literature than maybe it does..."*

(Joanne, 1:23-24)

and of feeling that reflective practice should not include theory, in talking about the group facilitator, Helen states:

*“...She’s not understood the concept of reflective practice, she goes into teaching mode at times, and will talk about models and... and things like that and its just not appropriate...”*

(Helen, 11:345-346)

#### 2.3.5.3 *Shaping practice*

All participants spoke of using reflective practice as a tool for planning the next step in their clinical work. This also introduced the idea of reflexivity in practice, which connects with the category of ‘Impact on the client’ and so will be discussed within that theme.

#### 2.3.5.4 *“Finding another outlet”*

One trainee felt that bringing personal difficulties to the course had been discouraged, however, it was identified that if a person is inclined to reflect, they will find ways of doing this:

*“...people who are curious about themselves, and like this way of working, like this way of thinking, will find it in other outlets...”*

(Helen, 24:764-766)

Several participants talked about their use of personal therapy as an alternative to reflecting in public. Three participants discussed the lack of space in teaching for reflection leading to reflection in informal settings.



## 2.3.6 Professional Outcomes

### 2.3.6.1 *Relationship between personal and professional self*

This category saw participants speaking about reflective practice as:

*“... the way that we think about our clinical practice and how that relates to ourselves...”*

(Sophia, 1:5)

There was a perception that courses did not always acknowledge the relationship between the personal and professional self, or the impact of training on self:

*“... if they recognise that it will also have a personal impact, like three years of any kind of training course must have some kind of personal development and so if there was some system of supporting that...”*

(Sara, 24:795-798)

For some participants there was a sense that at times there could be a discrepancy between the personal and professional selves:

*“... I’m still a person underneath that and whenever, as a person, you would do one thing but because of all the ... because I’ve got a.. psychologist’s hat on I have to do something else, and there’s that **clash** that feels **really** uncomfortable...”*

(Sophia, 16:516-519)

although she also recognised that usually this was not problematic because mainly her personal and professional self were aligned, and for most participants they were seen to be inextricably linked.

These results were similar to those of Skovholt and Ronnestad (1992), who found that during training the discrepancy between personal and professional self grows due to the therapist suppressing their personhood in order to comply with the externally imposed demands of training, however over time aspects of the role that are not congruent with the self are rejected to facilitate integration of personal and professional self.

#### 2.3.6.2 *Impact on professional self*

Views of how reflective practice impacts on the professional self were mainly positive, however, one trainee had a more mixed experience:

*“...feeling like.. erm... you’ve let somebody down, and then having that validated by the reflective practice group... .. was.. not good for the confidence, I suppose, so I think it can have.. quite a negative impact.. but then it can equally have a very positive impact...”*

(Sophia, 15:484-488)

Disappointment was expressed by some trainees in missed opportunities for professional development, due to the way reflective practice was facilitated by their course:

*“... it felt that they’d completely missed the point and it just became another academic exercise...”*



(Joanne, 4:117-118)

When asked how it felt to step out from behind the 'expert' mask, seven of the participants expressed a similar view, that actually this felt more comfortable, and four spoke about shifting the balance of power in the therapeutic relationship:

*“... can be really useful for aiding the patients in terms of seeing it very much as being a collaborative effort...”*

(Suzanne, 13-14:438-439)

However this also came with the caveat that sometimes the clinician may need to take the 'expert' role in order to provide containment to the client. Skovholt and Ronnestad (1992, p.513) identified the progression in professional development from what they describe as a “narcissistic position” to a “therapeutic position”, where the recognition dawns that the balance of power lies with the client and not the therapist. A similar view is proposed by Newnes (2006) who challenges the conventional position that psychologists hold the power in the therapeutic relationship, and warns of making the assumption that status is equal to power. It may be that trainees are not shifting the balance of power, but just recognising where it really lies.

Several of the trainees spoke about their discomfort with the power relationships within clinical psychology as a profession, and two spoke of how this may operate within multidisciplinary teams.

#### 2.3.6.3      *Awareness of interpersonal & unconscious processes in the therapeutic relationship*

Participants spoke of taking factors into account that pertained to the use of the therapeutic relationship:

*“...I’m very interested in process now... .. much more so, than I am about what’s actually happening in the session... .. in terms of what people are saying, erm, and I have a lot of curiosity about the role that I play in that.”*

(Helen, 5:163-168)

Cheshire (2000) found that trainees in their final year were more aware of process issues, however, a proportion of respondents expressed they were unable to understand these due to a lack of emphasis within their training on self-reflection and personal development. This was not a difficulty identified in the current study, as trainees who had not been offered personal development by the course, had been proactive in seeking out other ways to do this, for example through personal therapy.

#### 2.3.6.4      *“Making sense”*

Reflective practice is seen as a way of understanding interactions, and also making sense of the experience of training:

*“...time out to take stock of, kind of like, where you’re at and what’s happening for you and, um, it’s, it’s difficult to work out whether it’s, whether the course has some kind of major effect on your*



*personal life or whether things would have just been how they are anyway!”*

(Vicky, 9:302-304)

This is congruent with the work of Neufeldt et al. (1996 p.8), who identified one of the long-term effects of reflection as increased “capacity to make meaning”.

Reflective practice is a way of making sense, but not in a reductionist way; trainees were encouraged to see value in having multiple solutions:

*“...we know that there isn't a wrong answer, it's just everybody contributing their thoughts...”*

(Suzanne, 5:152-153)

It seemed that difficulty resulted from seeing that there was a right or wrong way to either reflect or to practice.

#### 2.3.6.5 *Impact on client*

Four participants spoke about being reflexive to the needs of the client, instead of rigidly sticking to plans or models:

*“... it **is** really shocking when I meet psychologists on placement and they just say, ‘well, you know, this person’s not engaging or something and they’re not really willing to work in this way then I’ll just discharge them, or I’ll give them this many sessions’, and I think that, to me, does, it reminds me of the fact that you’re so used to practicing in a certain way that if somebody isn’t fitting with that*

*now, then it's more that problem, the problem is more with the person than perhaps with you having got into this, kind of, habitual practice... ”*

(Sara, 5:154-160)

Six trainees spoke about their experience of what it was like to sit in the client's seat through their own experience of either practicing techniques on themselves, having their own personal therapy, or participating in reflective groups:

*“...you should still know what it's like to be on the receiving end of that kind of dynamic... .... but I think it's helped me a lot professionally to think about my clients and how it feels to them, you know, and I think that's a really invaluable experience actually, to know how shitty and hard it can be... ”*

(Clare, 12:372-378)

Hall et al. (1999) suggest that trainee counsellors experiencing the disturbance and excitement of personal growth initiated by group work, gain insight into the client's process of change, which seems to be supported by the data in the current study.

#### 2.3.6.6 *Moving on*

The theme of moving on appeared to be connected with 'reflecting with others', although self-reflection also seems to be something that helps people to move on.



## 2.3.7 Reflections on Reflection

### 2.3.7.1 *Development of reflective skills*

For eight of the participants, the question ‘Am I doing it right?’ was prominent in their thinking about reflective practice, although this appeared to be less of an issue further into training:

*“... we had to define what...and before, we did it before we saw any clients..... I think maybe if we'd done a bit of practising first it would be easier to know what reflecting on that practice would look like!”*

(Hayley, 6:171-174)

Reflective practice was seen as something that cannot necessarily be taught, but can be encouraged. There was also a sense of development in reflective skills for some of the participants, for others it was the ability to switch off reflection that had developed over time:

*“...you need to recognize... .. it is not part of my job to be thinking about that stuff all the time.”*

(Sophia, 18:578-581)

### 2.3.7.2 *“Reflecting to command”*

Five participants discussed the notion that reflection often happens when you are not trying or least expect it, for example:

*“... driving you can sometimes have those epiphanies.”*

(Anna, 17:557)

Six trainees talked about the difficulty of “*reflecting to command*” (Kate, 11:356).

Irving and Williams (1996) acknowledge that it is the trainees responsibility to regulate self-disclosure and extent of participation in groups, however they argue that group processes are so strong that trainees may not perceive that they have a choice in the matter. This was not supported by the current study:

*“I don’t think you can **force** people to reflect... .. which is what I think the course has tried to do, and I think that’s really unhelpful, cause what you get is, you get people who vote with their feet and they just sit there and stare at the floor.”*

(Helen, 19:618-622)

#### 2.3.7.3 *Dependent on context*

Eight participants referred to the interplay between context and ability to reflect. Trainees referred to a need for time to reflect. Differences were evident between supervisors and the time they allow for reflection:

*“...some of my supervisors are probably not very reflective, or.. it’s just kind of like, well we haven’t got **time** to...”*

(Vicky, 14:464-465)

Newnes, Hagan and Cox (2000) elicited barriers to reflective practice from a clinical psychology supervisor workshop, which included lack of resources



and clinical pressures. Two participants noted the discrepancy in reflecting time between training and being qualified:

*“...it is a bit of a luxury while you're on your training, and something that caseload pressures when you're qualified might not necessarily allow...”*

(Suzanne, 11:364-366)

Lack of frequency of groups was also seen as a barrier.

#### 2.3.7.4 “Costs & benefits”

There was an appreciation that there are both costs and benefits to reflecting:

*“... it's really double-edged actually, I've always been quite an advocate of reflecting on the course, I'm somebody that feels if you're gonna be a clinical psychologist, you must be able to reflect on your own stuff... .. but I think.. it can also be quite disruptive...”*

(Clare, 4:121-126)

Similar to the participants in the current study, Hall et al. (1999) acknowledged that there may be transient distress associated with this aspect of training, and reject the notion that there are a large proportion of trainees who experience long-term psychological damage.

All participants were careful to spell out the costs of reflection; there was acknowledgement that reflection can be difficult, with the risk of not knowing where it will lead, and that it can be difficult to stop:

*“... certain processes that seem like they start off fairly innocently can very quickly take you to a place where you didn’t expect to go...”*

(Hayley, 10:333-334)

As the focus in some groups and in supervision is on clinical work the question was raised of where to take more personal material:

*“... the biggest risk is that there’s not always.. anywhere to take difficult feelings or, you know, if something personal’s triggered...”*

(Anna, 18:588-590)

All the trainees were also forthcoming about the value of reflective practice, as an integral part of learning to be a therapist, and as a way to temper self-criticism:

*“...I think its the reflecting bit afterwards actually, that comes afterwards, that then kind of pulls me out of that feeling of 'Oh, did I not do that so well?'..... I would say that actually reflective practice, kind of, then restores the balance in my head!”*

(Suzanne, 10:312-318)

Although there was also acknowledgement that training courses may not value reflective practice as much:

*“... it is incredibly useful, but it’s just not done in a way that is useful for us..... Erm.. I just get the impression that... its not something that the course thinks is particularly important.”*

(Joanne, 9:287-291)



and an appreciation that there are other factors involved in the personal development of trainees:

*“I think reflection is massively important, and it has allowed me, and I don’t think it’s just reflection, but it must be a huge part of it, just being on the course and training to be a psychologist, and every day, talking to people about themselves, naturally you start to think about yourself, you can’t, you can’t help that and I don’t think you should stop that...”*

(Kate, 17:553-557)

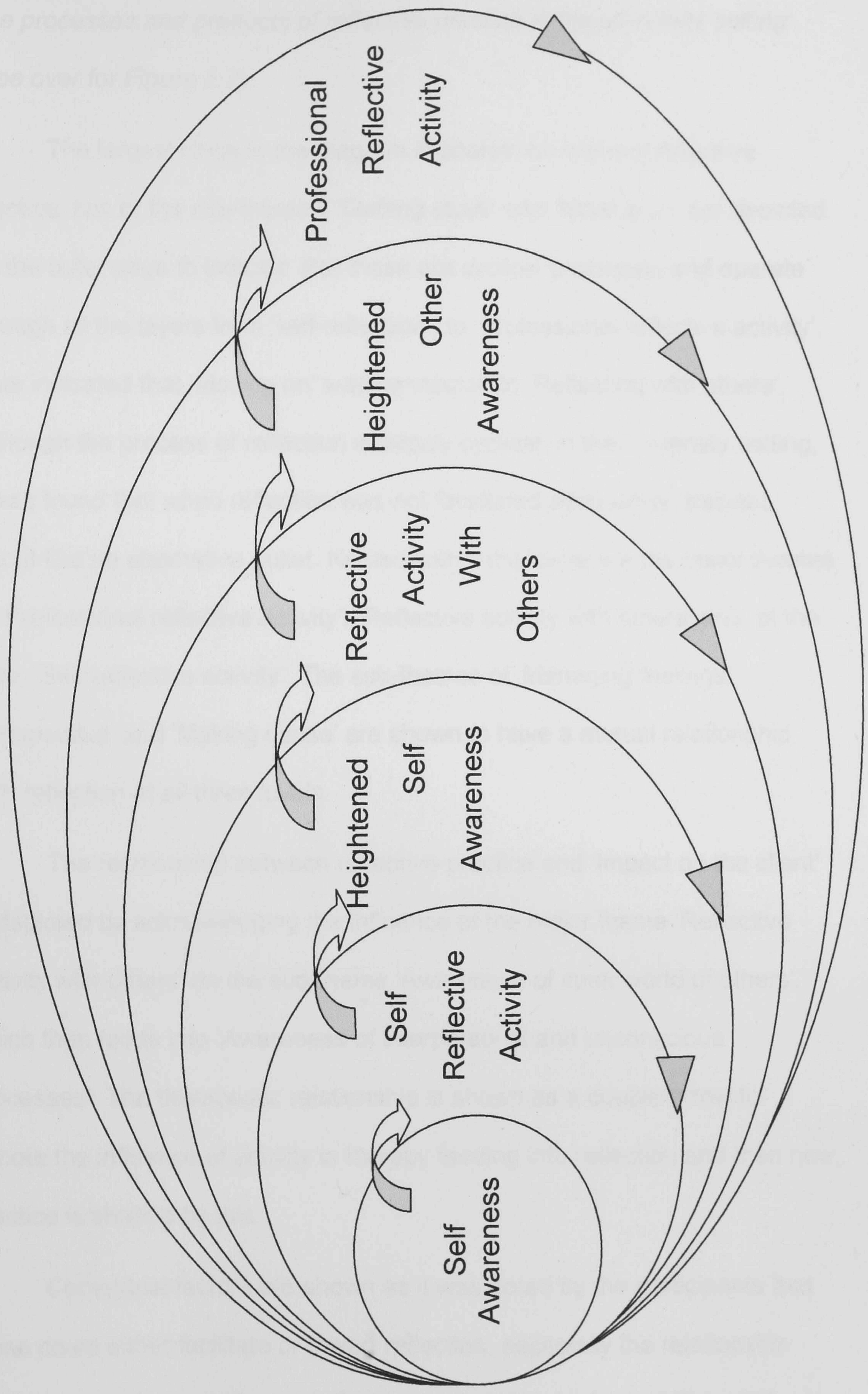
### **2.3.8 Diagrammatic Representation of Themes**

*Relationships between the major themes (See over for Figure 2.1)*

The starting point of the diagram is ‘Self-awareness’, as the data indicated that this is the essential component of reflective practice. The model is nested to show that the other layers may be moved through to eventually include ‘Professional reflective activity’, however each stage also influences those that have gone before, for example, ‘Reflective activity with others’ may or may not lead to ‘Heightened other awareness’, but it will feed back into ‘Self-awareness’.



Figure 2.1 Relationships between the major themes





## *The processes and products of reflective practice in the university setting*

*(See over for Figure 2.2)*

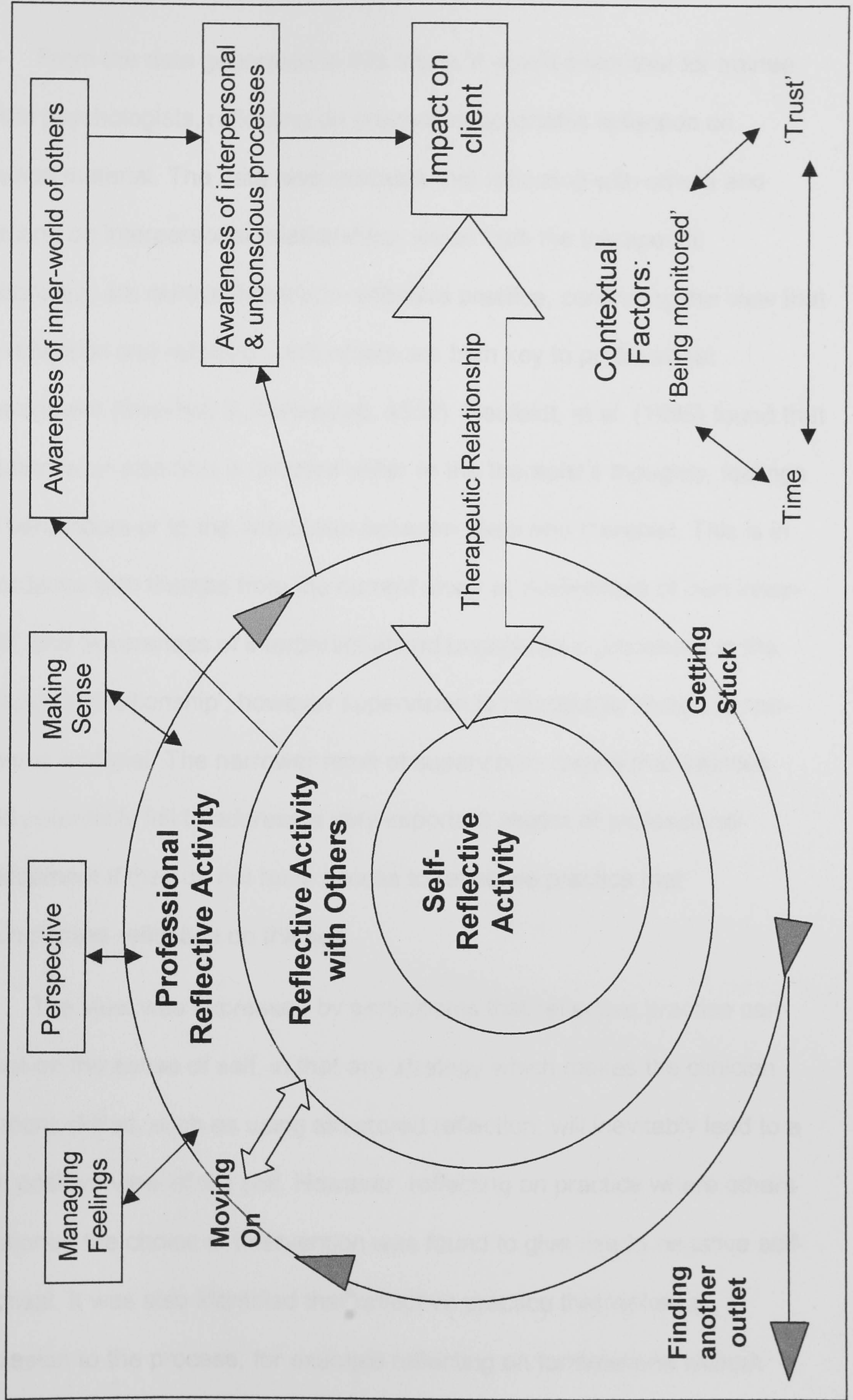
The largest circle in the diagram indicates the cycle of reflective practice, two of the sub-themes: 'Getting stuck' and 'Moving on' are depicted on the outer edge to indicate that these are cyclical processes and operate through all the layers from 'self-reflection', to 'Professional reflective activity'. Data indicated that 'Moving on' was connected to 'Reflecting with others'. Although the process of reflection is largely cyclical, in the university setting, it was found that when reflection was not facilitated adequately, trainees would find an alternative outlet. Nested within this cycle are the major themes of 'Professional reflective activity', 'Reflective activity with others' and, at the core, 'Self-reflective activity'. The sub-themes of 'Managing feelings', 'Perspective' and 'Making sense' are shown to have a mutual relationship with reflection at all three levels.

The relationship between reflective practice and 'Impact on the client' is depicted by acknowledging the influence of the major theme 'Reflective activity with others' on the sub-theme 'Awareness of inner world of others', which then feeds into 'Awareness of interpersonal and unconscious processes'. The therapeutic relationship is shown as a double arrow to denote the influence of activity in therapy feeding into reflection and then how practice is shaped by this.

Contextual factors are shown as it was noted by the participants that these could either facilitate or thwart reflection, especially the relationship between reflective practice and 'Being monitored', and the building of 'Trust' which necessarily takes time.



Figure 2.2 Model of reflective activity within clinical psychology training





## 2.4 Discussion

From the data generated in this study, it would seem that for trainee clinical psychologists, reflecting on practice necessitates reflection on personal material. The data also indicates that reflecting with others and reflecting on interpersonal relationships, aside from the therapeutic relationship, are central threads to reflective practice, confirming the view that self-reflection and reflection with others are both key to professional development (Skovholt & Ronnestad, 1992). Neufeldt, et al. (1996) found that in supervision attention is directed either to the therapist's thoughts, feelings and behaviours or to the interaction between client and therapist. This is in accordance with themes from the current study of 'Awareness of own inner-world' and 'Awareness of interpersonal and unconscious processes in the therapeutic relationship', however supervision is necessarily limited to non-personal material. The narrower remit of supervision means that trainees could potentially fail to address a very important aspect of professional development if they do not have access to reflective practice that encompasses reflection on the self.

The view was expressed by participants that reflective practice can impact on the sense of self, in that any strategy which makes the clinician feel more skilled, such as using structured reflection, will inevitably lead to a more positive view of the self. However, reflecting on practice where others questioned the choice of intervention was found to give rise to negative self-appraisal. It was also identified that reflective practice that lacked a conclusion to the process, for example reflecting on formulations without discussing the intervention, could lead to feelings of invalidation.

The participants in this study state very strongly that they value reflective practice, however there was also a sense that on some courses it is part of the training that is marginalized within the curriculum. Although there was acknowledgement that people who are naturally reflective will find outlets outside the course, this potentially means that some clinicians graduate from training without having examined their own motives and habits. This could raise issues of safety both for clients and practitioners, as Hawkins and Shohet (2006) suggest it is the denial of our needs and motives that make them dangerous, causing potential misuse of power or 'burn-out'. It is unsurprising that individuals want to avoid reflecting on material which could provoke distress, but what is surprising is that some clinical training courses may be colluding with this denial by, firstly, relegating reflective practice to distant corners of the timetable and, secondly, placing the emphasis of reflection on practice to the exclusion of reflecting on self.

A number of participants spoke about the difficulties of reflecting in groups and the psychological discomfort that this sometimes caused, however there was also a strong indication that these experiences were vital to learning about interpersonal issues, such as group dynamics and personal boundaries. This is a similar finding to Skovholt and Ronnestad (1992, p. 512) who found that interpersonal experiences had the most impact on professional development in comparison to "impersonal data", such as theoretical information.

The current study indicated that for reflective groups to be places where reflection on the self and interpersonal processes could take place, they have to be relatively frequent.



Working with people who are psychologically distressed can raise strong emotions in the practitioner and therefore strategies are needed for managing these, which the current study suggests reflective practice can facilitate.

#### **2.4.1 Methodological Limitations**

The researcher herself is a trainee clinical psychologist, therefore interviewing participants at an equivalent stage in their career could have had the potential to elicit a range of thoughts and emotions, such as comparison or empathy. Similarly these aspects may have been aroused in the researcher, and could have impacted on the analysis due to the researcher making assumptions about the participants' experience being similar to her own. The researcher was mindful of this prior to beginning the interview process and therefore attempted to minimise the impact of her own experiences by clarifying understanding throughout each interview. The principal researcher also went through a process of 'bracketing assumptions' prior to data collection.

There are methodological difficulties in interviewing trainees from three courses, in terms of lack of homogeneity of the sample. Experiences of reflective practice varied greatly between courses, so in terms of discovering the shared experiences, this presented problems and valuable interview time was spent clarifying the different strategies used for reflection, at the expense of in-depth discussion about the impact on self.

### **2.4.2 Clinical Implications**

It would be beneficial for clinical training courses to attend to trainee self-development for without this foundation, reflective practice will, no doubt, fall short of the promise to improve clinical practice. Participants identified that reflective practice can have both positive and negative effects on self-esteem, so reflective practice strategies must be used with caution and be well supported by training courses. In order for groups to be a safe and useful reflective space, they must be frequent enough to establish a sense of continuity, and have facilitation that enables exploration of group processes. Participants in this study also indicated that it would be helpful for them to use reflective practice to discuss the experience of being a trainee.

### **2.4.3 Research Implications**

Further research into the potential effects of group work for reflection and personal development in this setting is indicated in order to determine what may be helpful and what may be potentially negative. Further research into the processes of reflection, including how much time is optimum for reflection and how to 'switch' it off are indicated.



## **2.5 Conclusion**

The trainees in this study felt that reflective practice could be both an important skill for clinical work and an outlet to consider how training and clinical practice impact on the self, but that it is not necessarily prioritised by training courses. The current data suggests that it is the reciprocal relationships between awareness and reflection across clinical practice, relationships and, most importantly, self that provides fertile ground for learning. Unfortunately, the current study also indicates that the environment of the clinical training course does not always facilitate this, especially the focus on self.

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## **Chapter Three: Reflective Paper**

**Reflections On The Themes:  
How reflective practice got me through the research**

**Word Count: 5,273**



### 3.0 Abstract

*“To cultivate unreflective external activity is to foster enslavement, for it leaves the person at the mercy of appetite, sense and circumstance”*

(Dewey 1933, p.67)

Research in clinical psychology could itself be seen as a type of reflective practice in terms of capturing an impression of an experience, in order to illuminate something about it, with the aim of improving future practice. For this paper I have decided to structure my reflections on the research process into the themes that emerged from the research. As referred to in the main paper, the qualitative research paradigm recognises the importance of reflecting on one's own subjectivity in the research process, therefore this paper is a further exploration of my subjective position within the research.

## **3.1 Themes**

### **3.1.1 Self-Reflective Activity**

#### **3.1.1.1 *Exploring own inner world***

In parallel to the participants who had the dilemma of how much personal reflection was allowed in their reflective practice groups, I find myself with the same dilemma in writing this paper. This research has had a profound impact on my life and undoubtedly my life has also influenced the research, yet there is a fine line between too much and not enough personal disclosure. The participants alluded to the development of the skill over the course of training of discerning how much personal disclosure was appropriate, and I believe that this is a skill that I too am developing.

The start of my research journey began with the exploration of my own inner world, in terms of thinking about topics that would be relevant to me, that would hold my interest, but also that would not be too emotionally loaded for me. I initially toyed with several ideas for research that I eventually rejected on this principle.

Just as the participants explored their own values, feelings and thoughts, so too did I, in order to try to understand what my own epistemological position was, concluding that I am a critical realist. I also went through a process of 'bracketing' my assumptions prior to beginning data collection (Barker, Pistrang & Elliott, 2002). The assumptions I held were that people would be uncertain about what the term reflective practice means, although at the same time, I thought they would say that they engage in reflective practice. I thought that people may have found reflection difficult



in earlier stages of training, given the desire for certainty and wanting to 'do it right'. I imagined that if trainees were given good support with the process of reflecting on practice they would grow with it and find it a valuable skill. If there were participants who had a bad experience or had found the course unsupportive, I wondered if they may resent the requirement to 'reflect'. I also thought there may be issues about lack of time or space for reflection.

I had not anticipated how hearing about the difficulties of being a trainee might impact on how I feel and initiate reflection on difficulties I have experienced during training. There was also an element of hearing people talk about how much progress they had made and how much they had developed, which caused me to question my own development through training.

#### 3.1.1.2 *"Getting Stuck"*

The theme of getting stuck was very appropriate to my research at times. One of the participants used the term "paralysis by analysis" in her interview which struck me as being very relevant to the process I was going through with the literature review at the time. I had found many articles written about reflective practice, which were mainly philosophical and conceptual papers. Part of the difficulty in finding relevant articles through database searches was the vast amount of literature retrieved by searching for the term 'reflective practice', as it is somewhat of a "buzz word" in health and social care. In many cases these articles seemed to have very little relevance to the topic of reflection. The other problem was that I found few review articles specifically about reflective practice, however most papers began with reviews of varying depths and breadths, so I felt I had to be

careful not to go over the same ground. Also, it seems that when people write about reflection, metaphors abound, so sometimes the titles do not include any of words, such as reflective practice, reflectivity, or reflection. I was being advised to find the 'shape' of the literature, but the figure I was finding was so amorphous that I became more and more confused. The more I looked, it seemed, the more there was to know about reflective practice and the philosophy behind it, at times I really did feel like I was in the hall of mirrors, with reflections about reflection carrying on into infinity (metaphorically speaking!).

Again, like the participants I could recognise the value of reflecting with others, both with peers, in terms of the process, but most importantly with my research supervisor who's reflections enabled me to steer my course through the literature.

### 3.1.1.3 *Time out*

Taking time out from my research to reflect on the process was something that I took very seriously, using a journal to track my progress and note down thoughts, but also to process the wide range of emotions that were provoked as a result of the research. I would like to say that this enabled me to leave it behind at the end of the day, a benefit of using reflective practice suggested by the participants, however the research became all consuming and as much as I reflected on it in a structured way, I was still having intrusions into what little time I was left with. This was linked



to the theme of reflecting to command, whereby participants identified that reflection can happen when you least expect it:

*“Yes it relates to a knowledge framework  
and stuff, but it’s just, it’s what pops up when you’re  
doing your washing up!”*

(Sophia, 29:965-966)

#### 3.1.1.4 *Managing Feelings*

The early part of the research was characterised by an inner turmoil regarding my worry that I would pick the wrong topic and regret it for the next two years. I remember being relieved when I found something I could engage with, but since then I have had anxieties about the project, either being not clinical enough, or feeling that it could be seen as an easy option. The research process elicited unexpectedly strong emotions in me, which were framed in the questions ‘Was I good enough/clever enough?’, ‘Was this project worthy of a doctorate?’. A subject that I had chosen precisely because I had thought it would not provoke too much emotion, actually elicited a range of memories and feelings about my own experiences with the course, with peers, supervisors, and in personal development group. The emotions were not solely provoked by memories of events past, but also my emotional reaction to the research itself, as a growing entity that began to dominate my life and which became the receptacle for all kinds of projections. Therefore management of these emotions became paramount, and I do believe that my increased ability to reflect in a structured way aided in this process.

### 3.1.2 Heightened Self Awareness

#### 3.1.2.1 *Knowing Self*

The use of IPA acknowledges the author's influence on the account to the understanding and analysis of the participants' experiences. I have no doubt that in conducting the interviews, analysing and interpreting the data, my own background would have had a significant influence on the process and results. I explored my own epistemological position and identified that I take the stance of critical realist; rejecting the view that everything is socially constructed, but acknowledging that objective reality is mediated by the individual's perception.

The knowledge of my own repeating pattern throughout the academic side of training, that I would need the pressure of the deadline looming to really focus my thinking, made me aware that I would have to do a lot of preparation in the run up to the thesis hand-in date, so that I was not left struggling to complete the work in time. The responses of participants, saying that reflective practice enabled them to acknowledge their own failings with equanimity, enabled me to reflect on this tendency of mine with a new perspective. I was eventually able to reconcile this as, although working right up to the deadline can be somewhat anxiety provoking, it also carries with it an exhilaration and drive that I have been unable to muster at other times. Up to the point of writing up the research I had often chided myself about leaving things until the last minute, but reflecting on this has enabled me to see that this is part of my process. Like the participants in the study, I was able to reflect on my 'short comings' and see them as part of my individuality.



### 3.1.2.2 *Perspective*

Throughout the course of this project my perspective on research within clinical psychology has changed. There has been a progression from initial trepidation and seeing research as somewhat of a necessary evil, to viewing it as a vital part of the role. This has not been a sequential move, as I have cycled between the two positions, often questioning the value of my own contribution to the research base. My perspective on what constitutes research has similarly shifted and I would stress that when I use the term research now, I see it in a much broader way than my initial perspective of 'randomised controlled trials'. The experience of both conducting qualitative research and extensive reading about the limits of positivist approaches to knowledge has made me realise how narrow my view was previously, and in the light of this, how research may encompass a far greater wealth of ideas and approaches to revealing knowledge (e.g. Hoshmand & Polkinghorne, 1992; Van Manen, 1977).

## 3.3 **Interpersonal Reflective Activity**

### 3.1.3.1 *Reflecting with others*

The value of reflecting with others in many different ways throughout the research cannot be overestimated. The supervision I received for the project played an essential role in both gaining perspective, helping me to move on when I was feeling stuck and in containing my anxiety. I also found great support in discussing the process of the research with my peers.

### 3.1.3.2 *Exploring relationships*

In terms of the data generated through the research, there was much discussion about the role of the clinical psychologist in relation to the profession, to other professionals, to clients and to the self. These were all aspects that have dominated my thoughts throughout my career to date. I was relieved to find that others too had questioned the position of the psychologist in relation to other professional groups. In Cheshire's (2000) study participants referred to confusion and insecurity in the professional identity of clinical psychologists, feeling that there is a need for psychologists to "prove" themselves due to the uncertainty of status. I believe this factor can no longer be ignored by our profession, especially for psychologists working within multidisciplinary teams, and particularly in the wake of the 'Agenda for Change' pay review which has increased financial divisions between psychology and other disciplines.

Participants also acknowledged the well-documented power relationships within the therapeutic relationship, which had also been at the forefront of my thinking. Prior to training I had worked with user involvement groups in adult mental health and was committed to user empowerment, I found myself trying to reconcile this with working in a psychodynamic specialist placement, where the therapist is expected to take on more of an 'expert' role, and recognising that sometimes people need the containment that the imbalance of power in the therapeutic relationship brings. I found a refreshing perspective on this in a paper by Newnes (2006) who challenged the accepted position that psychologists hold the power in the therapeutic



relationship, and warned of making the assumption that status is equal to power.

After each interview I used my journal to reflect on the process. I had been aware from the beginning that interviewing trainees could have raised some interesting dynamics for both parties, and certainly was able to reflect on those that had been raised within myself. Conducting this research also made me very aware of what is offered in terms of personal development within training and how this differs from course to course. In some cases this aroused envy within me, but in the most part I was left feeling relieved that I had the opportunities and experience that I have had.

#### 3.1.3.3 *Being monitored*

This aspect of the research process was an interesting one for me as I learned that I find it very difficult to open up my progress to the scrutiny of others, for example, parting with a draft of my literature review that had not been re-drafted or proof read was almost impossible, even though I was aware that I needed an outside opinion to help me gain perspective in order to make progress with it. Over the time of the research I believe I have made progress in this area, to the point where I can offer an idea for comment rather than needing to have a 'spell-checked' draft, which has been quite liberating and much more useful.

### 3.1.4 Heightened Other Awareness

#### 3.1.4.1 *Awareness of the inner-world of others*

During the data collection process I began to wonder how exposing it must have felt for the participants to be talking about their work to another trainee that they did not know and for this to be recorded. One of the participants talked about putting her practice under the spotlight in reflective practice group and maybe that was how it felt in interview too.

Also the question I posed in terms of stepping out from behind the professional mask was generally met with the response of “I don’t feel like an expert”, “I don’t like it when people see me as an expert”. This surprised me because I had made an assumption that all trainees, except for me, would feel expert and accomplished and would find it hard to reflect on areas of difficulty, when actually the trainees I spoke to expressed similar views to my own of feeling like they would be ‘found out’.

#### 3.1.4.2 *Awareness of interpersonal & unconscious processes*

I feel that sharing the same professional background as the participants had the potential to build instant rapport, or create instant suspicion, although I would imagine that potential participants who may have worried about feeling judged would not have opted-in to the research. I believe that my position as a trainee clinical psychologist interviewing other trainees at an equivalent stage in their career had the potential to elicit a range of thoughts and emotions in the participants, such as comparison, technical critique of interview style, and empathy. Similarly these aspects



may have been aroused in me, which could have impacted on the analysis due to my making assumptions about the participants' experience being similar to my own. I was mindful of this prior to beginning the interview process and attempted to minimise the impact that my own experiences may have had on the interview and analysis by trying to clarify understanding throughout each interview. I did worry, however, that I was saying too much in interviews and perhaps leading the participants, but because of my therapeutic background I was finding it difficult to just ask questions without summarising or clarifying.

Brocki and Wearden (2006) suggest that in IPA the researcher's input into facilitation of the participants' narrative is not always transparent as there could be a broad range between the interviewer being a passive recipient of the data, or playing a more active role in prompting and structuring the data as it is generated. The authors add that interpretation may well begin at the stage of data collection, rather than waiting until the analysis, which I think was happening to some extent in my research. Brocki and Wearden (2006) also note that there is not much guidance on how much interpretation happens during the interview process and how much of this should be discussed with the participant.

#### 3.1.4.3 *Trust*

From the data it was noted that the more secure trainees felt with each other, the more reflection could take place. I thought about this in terms of the interview process, how the instructions given for interview structure were

to start with more general questions and save more emotionally loaded questions for further into the schedule (Smith & Osborn, 2003, p.59). I noted from listening to the recordings of the interviews how, even though I felt I was asking questions that were not deeply personal, increasingly personal material seemed to emerge the further the interview progressed.

Thinking more widely about trust in the research itself, there was a point at the beginning of data analysis where I feel it would have been easy to believe that the data did not contain anything meaningful and that my analysis would not be able to be shaped into a coherent whole, at this point I found myself repeating the mantra “trust in the process”. The amount and shapelessness of the raw data felt quite overwhelming and this required a great degree of trust that it would be possible to derive meaning from it. Like the participants who described that trust grew over time in the groups, my trust in the research grew during my experience of the project.

### **3.1.5 Professional Reflective Activities**

#### **3.1.5.1        *Examining practice***

In writing up this project I have been examining my own practice of research, much in the same way that the participants spoke about examining their own clinical practice; I have been careful to think about the limitations of the project, the applications of the findings and what I can learn for future practice of research.



### 3.1.5.2 *Integrating theory & practice*

There is an interesting paradox in that clinical psychology as a profession ascribes to the scientist-practitioner model, and yet reflective practice has been embraced by clinical training courses, despite the lack of evidence for its use. One of the themes from the literature review was the promise seen in reflective practice for integrating theory with practice, and the disappointment that it did not live up to this expectation. Participants in the current study rarely mentioned integration of theory and practice, and opinion was divided as to whether it was actually something that should feature within reflective practice. I believe that looking at theory practice links should be a fundamental part of reflective practice, but with reference again to the idea that theory can be generated in many ways, including through practice (Hoshmand & Polkinghorne, 1992). I strongly believe that reflective practice should be a fundamental part of the clinical psychologist's role and am certainly not suggesting that the lack of evidence base should see it demoted from course curricula. I would argue, however, that attention does need to be paid to both assessing the effectiveness of reflective practice, and examining the way that it is conducted within training, as there can be great variation between practices that are labelled 'reflective practice'.

### 3.1.5.3 *Shaping practice*

I used reflection on practice during the research to shape the data collection, the analysis and the results. Within IPA the interview schedule is developed over the course of data collection. My first two interviews

performed the function of a pilot study, or ‘initial data collection’, and were used to inform subsequent interview questions in order to maximise relevant data collection. I changed my interview questions after the first two interviews in an attempt to remain “data driven”, but I suspect that some of the changes were more influenced by the reading I had been doing in preparation for the literature review and so question whether these changes were truly data driven.

I wanted to feed into the reflective ethos of the research and ‘close the loop’ for people, so I sent copies of transcripts and a preliminary table of themes to the participants, five of whom contacted me to confirm that the themes captured their experiences.

In terms of shaping future practice of research, I am able to take lessons from the selection of my sample population. I had thought that simply selecting trainees would ensure that the sample was as homogenous as it needed to be, however I had not accounted for the fact that reflective practice varies enormously between courses and in fact spent so much time asking about how it was done, at the expense of being able to listen to people’s differing experiences of the same phenomenon. In hindsight, speaking to trainees from one course only may have enabled data collection to focus on the experiences rather than the set up of reflective practice on each course.

#### 3.1.5.4 *“Finding another outlet”*

The participants in the research identified that if a person is inclined to reflect they will find a way of doing this, which on one hand I think is



encouraging, that people see reflection as something of value, but on the other hand makes me wonder about people within training who are not inclined to reflect, and how that may put themselves and the people they work with at risk. I am reminded of Lavender's (2003) statement that:

*"self-reflection and development should  
not be an optional activity for clinical  
psychologists, given the expectations we  
place on others to develop"*

(2003, p.14).

After a number of interviews with trainees who felt that reflective practice was not well developed on their training course I began to think a lot about supervision. Supervision is obviously a very important forum for reflective practice, but given the variation in quality of supervision, if reflective practice within training is not adequately catered for this could leave significant gaps for some trainees. Also a forum is needed for discussing the pressures of training and some emotional reactions that are not necessarily appropriate topics for supervision. Personal therapy was discussed extensively by trainees from one of the courses; the general sense seemed to be that as the course did not facilitate personal development, the trainees would find it themselves through personal therapy. From my own experience I believe that personal therapy has been essential to my personal development and to my development as a clinician. I also believe that my experience of personal development group within training has been equally valuable, but in a very different way to personal therapy, so I do not necessarily see one as a substitute for the other. This also highlights the

question of whether there should be an expectation that trainees should engage in personal therapy throughout their training, which I think was summed up by one participant in the comment:

*“I think we’re quite an odd profession, to think that we can provide therapy to people without it being necessary for us to do it ourselves.”*

(Joanne, 8:240-241)

### **3.1.6 Professional Outcomes**

#### **3.1.6.1      *Relationship between personal and professional self***

At the outset of this research I would have said that there was quite a large discrepancy between my personal and professional self, especially with regard to viewing myself as a ‘scientist-practitioner’ conducting research. Whether it is the passage of time, the impact of training in general, or the experience of conducting the research that has brought my personal and professional selves closer I will never truly know, but there has certainly been a convergence between life and work. I suspect that engaging in the process of research and finding that it does not have to be a mystical process with its own statistical language has facilitated that, but perhaps also the intrusion of research into life, as I have lived and breathed research for the last six months, has also forced the two into alignment.



#### 3.1.6.2 *Impact on professional self*

The impact of doing the research has increased my confidence in my ability as a professional, not only in concrete ways, such as understanding the research methodology and improving my interview technique, but also having my ideas valued and learning to trust in myself and the process. It has also held many lessons in time management, work-life balance and managing stress, which I believe will all be valuable to me in my future as a clinical psychologist.

#### 3.1.6.3 *Awareness of interpersonal & unconscious processes in the therapeutic relationship*

As my placements continued throughout the research period I was very aware of the impact that being immersed in writing up my thesis could potentially have on my clinical work. Similarly, Cheshire's (2000) participants noted a conflict in the third year of training between clinical and academic work in terms of the amount of time and attention devoted to writing a thesis. My fear was that I would be less psychologically available to clients, and less able to contain their distress, as I knew that I would be busy containing my own. I think that being mindful of this and reflecting on it in clinical supervision, enabled me to tolerate this anxiety, and hopefully this meant that it did not intrude into the therapeutic relationships, as I had feared it could.

#### 3.1.6.4 *“Making sense”*

Making sense is a theme that runs throughout the research: the literature review is about making sense of the literature, the analysis is all about making sense of the data, and this paper has been about making sense of the experience of the process of research in terms of the impact that it has had on my life and work.

From the research data, it seemed that reflective practice encouraged trainees to see value in having a number of solutions, and that believing that there was a right or wrong way to either reflect or to practice was very constraining. This is something that the experience of conducting qualitative research really emphasised, that there is not necessarily a ‘right’ answer. At times this could be quite anxiety provoking, but ultimately was very liberating.

#### 3.1.6.5 *Impact on client*

Conducting this research has made me think a lot about what kind of psychologist I want to be and hopefully I will be wary of falling into habitual practice. The process of carrying out this research has also pointed me in the direction of questions unanswered, which has ignited in me an interest in conducting further research, for example, thinking about service user views in the understanding and experience of reflective practice.

#### 3.1.6.6 *Moving on*

As in the main paper, the theme of moving on appeared to be connected to ‘reflecting with others’, and certainly at times when I felt that I



was stuck or uncertain of which direction to take, it was the reflections of others that helped me to move on.

### **3.1.7 Reflections on reflection**

#### **3.1.7.1        *Development of reflective skills***

For many of the participants, the question ‘Am I doing it right?’ was prominent in their thinking about reflective practice, for me that was the constant question about the research. As I had not previously conducted qualitative research, I had many questions in my mind about how it should be done. I have come to realise that with qualitative research, like with reflective practice, there is value in the ability to tolerate uncertainty, which is certainly something that has to be developed over time. Also, I believe that it is the ability to stand back and reflect on the process that enables that tolerance to grow.

#### **3.1.7.2        *“Reflecting to command”***

This theme reflected the fact that participants spoke about the difficulty of ‘reflecting to command’ and on the other side of this, that reflection can happen when you least expect it. This reminds me of when I was trying to formulate my research question, I struggled to choose a topic area, but once I had started to work on my area of choice, suddenly many other ideas came to me. I am uncertain as to whether this was a symptom that I was feeling uncertain about my choice, or a manifestation of ‘the grass is greener’ phenomenon, but there seemed to be a marked increase in ideas, once I had

committed to one. This also relates to the theme of 'time out', in which participants identified that sometimes blocks in thinking could be loosened by removing the focus on them.

#### **3.1.7.3**      *Dependent on context*

The flavour of my research was no doubt influenced by and impacted upon by the context in which I work and train. Training on a course which is known for its reflective stance was the inspiration for investigating reflective practice. The influence of psychodynamic ideas on my clinical work has also found its way into my research, seeing reflective practice within the framework of containment, the attention to unconscious processes within relationships and the development of self image through relationships with others. Finally, my personal context of being some-one who values reflection and has an interest in the 'therapeutic use of self' have all lead me to want to understand how reflection can be helpful in the process of helping others.

### **3.2    A Summary of “Costs & benefits”**

As it has been identified that there are costs and benefits to reflecting, I appreciate that there are also costs and benefits to the research process. There has been a huge personal investment in terms of time and energy. The research has raised questions for me about my ability and how well I fit into my chosen profession, however, there has also been an immense feeling of achievement and growth through the process of conducting this research. Like many of the participants in the study I do feel that despite the emotional



discomfort associated with some of these experiences, and maybe even because of the discomfort, the value of the research process and the learning I have been able to take from that, has far outweighed the costs.

Having been introduced to the work of Jennifer Moon since writing up this project, I recognise that I have neglected to include one of the most relevant authors on the subject of reflection and professional development. Moon (1999a) has developed a model of the stages of reflection, in which there is a stage of 'moving on', the same label I had used as a sub-theme in my study, although I did not state as explicitly as Moon (1999a), this stage indicates that the issue has been resolved, or alternatively a new cycle of reflection has begun. Moon (1999b) writes about reflection and emotion, viewing emotion as a product of reflection, however the current study would indicate that reflective practice can be used to manage emotion. The main difference between Moon's (1999a) model and my own is that my intent was not to produce a model of stages for reflection across disciplines, but to gain understanding of reflective practice within clinical psychology training, which incorporated stages, products, contextual factors and an acknowledgement of intra-personal and inter-personal activity. In incorporating this new information from Moon's (1999a; b) work into the current study, I am reminded once again of the importance of subjectivity in the research process and that although we may be looking at the same reality, we are perhaps viewing it in different ways and for different reasons.

### 3.4 *A final reflection on the 'conceptual muddle' of reflection:*

I drew attention in the literature review to the confusion between reflection and reflective practice. When coming to write up the main paper I realised that although in the interviews I had been careful to word all questions specifically about reflective practice, the answers were more generally around reflection and therefore, I have fallen into the same trap as papers I had criticised for lack of clarity between the terms. On reflection I have realised how difficult it is to separate the terms.



### 3.4 References

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*Curriculum Inquiry*, 6, 205-228.



**Warwickshire Local Research Ethics Committee**  
*Accredited by UKECA to review Type A Applications*

10 August 2006

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Dear Ms Wildig

**Full title of study:** Trainee Clinical Psychologists' Experiences of Reflective Practice: How does this impact on sense of self? An Exploratory Study  
**REC reference number:** 06/Q2803/75

Thank you for your letter of 17 July 2006, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered by the Chair.

**Confirmation of ethical opinion**

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

**Conditions of approval**

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

**Approved documents**

The final list of documents reviewed and approved by the Committee is as follows:

<i>Document</i>	<i>Version</i>	<i>Date</i>
Application	1	05 May 2006
Investigator CV	1	05 May 2006
Protocol	1	31 March 2006
Covering Letter		05 May 2006
Letter from Sponsor		26 April 2006
Peer Review		10 November 2005
Interview Schedules/Topic Guides	1	31 May 2006
Letter of invitation to participant	2	
Participant Information Sheet: Patient	2	
Participant Consent Form: Patient	2	
Response to Request for Further Information		17 July 2006
Indemnity		26 April 2006
Letter to colleague/participant	1	31 May 2006

**Statement of compliance**

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

<b>06/Q2803/75</b>	<b>Please quote this number on all correspondence</b>
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With the Committee’s best wishes for the success of this project

Yours sincerely

  
**Paul Hamilton**  
**Chair**

*Enclosures:*

*Standard approval conditions*

Copy to:                      Coventry University  
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                                 School of Health and Social Sciences, Coventry University  
                                 Priory Street, Coventry



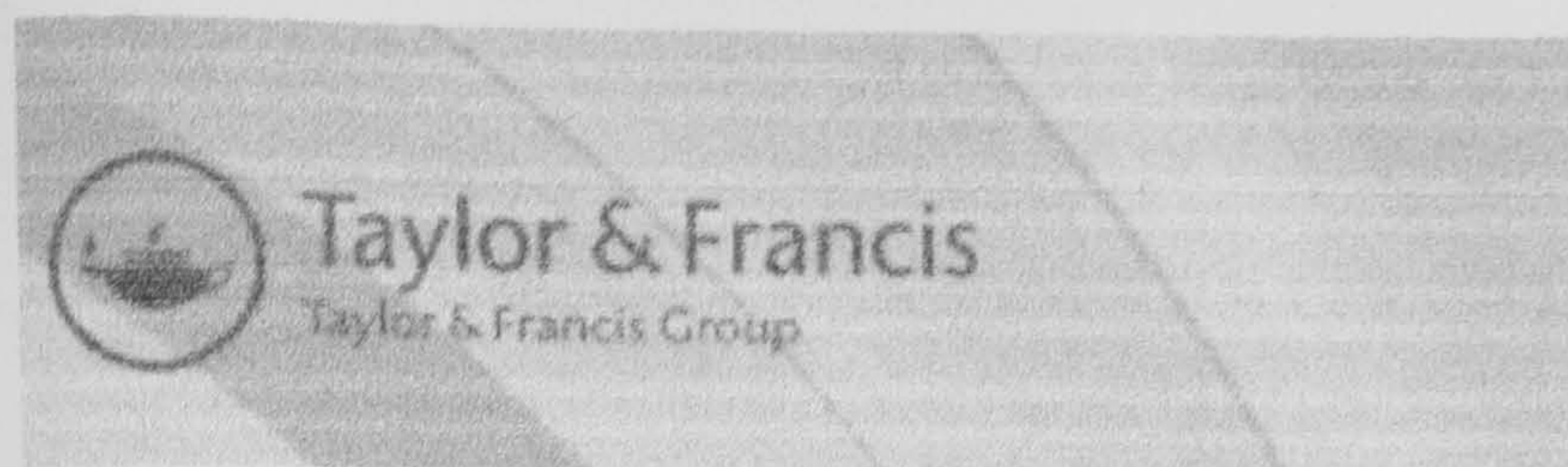
**COVENTRY UNIVERSITY ETHICS COMMITTEE (Form 1)** **Appendix B:**  
**POSTGRADUATE STUDENT & STAFF APPLICATION FOR ETHICAL APPROVAL**

<b>Name</b> Emma Wildig		<b>E-mail</b> wildige@coventry.ac.uk
<b>Designation / Subject &amp; Faculty:</b> Clinical Psychology Doctorate Programme – School of Social Sciences		
<b>Title of Study:</b> Trainee Clinical Psychologists' Experiences of Reflective Practice: How does this impact on sense of self? An Exploratory Study.		
<b>1. Summary of proposal</b> The proposed research aims to conduct a qualitative investigation of the experience of trainee clinical psychologists, using Interpretative Phenomenological Analysis to try to gain understanding of how reflective practice impacts on personal development and attempt to reveal how trainees may be best supported throughout training.		
<b>2. Sample of participants</b> Up to 12 trainee clinical psychologists from a variety of training courses (see below)		
<b>3. Site/s location</b> Coventry, Birmingham, Leicester and Oxford universities		
<i>Tick / Cross. *Where answered 'NO', please give reasons on separate page.</i>		
<b>4. Scientific background, design, method and conduct of the study.</b> a) Have you given a justification for the research? b) Have you commented on the appropriateness of the design, the perceived benefits, risks and inconveniences to participants?	<b>Yes</b>	<b>No*</b>
	✓	
<b>5. Recruitment of participants.</b> Have you provided a comprehensive account of the characteristics of the population including the process for obtaining access as well as the inclusion and exclusion criteria?	✓	
<b>6. Care and protection of research participants and researcher.</b> Have you given an account of any interventions, situations and risks which have the potential to cause harm to the participants and researchers?	✓	
<b>7. Access, storage, security and protection of participants' confidentiality.</b> Have you identified who will have access to the data and what measures have been taken to ensure confidentiality and compliance with the Data Protection Act?	✓	
<b>8. Informed Consent.</b> Have you given a full description of the process for requesting and obtaining informed consent?	✓	
<b>9. Community considerations.</b> Have you considered how this study will benefit the participants or the community from which they have been drawn?	✓	
<b>10. Participant information Sheet and consent form.</b> Are these attached?	✓	
<b>11. Source of External Funding if any</b> N.A.		
Signature of student / staff	Address: c/o Clinical Psychology Doctorate Programme, James Starley Building	Date 28/11/2006
Signature of Supervisor	Print Name: Professor Delia Cushway Internal Address: See above	Date 28/11/2006.
Signature of Chair	<input checked="" type="radio"/> Approved. <input type="radio"/> Approved with the conditions below:	Date 30/11/06
Conditions / Comments: <i>Already approved by LREC.</i>		

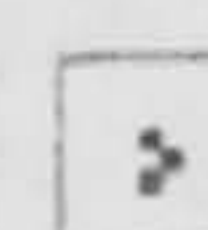
Please complete in full and return to: Research Manager, CU Ethics Committee, Richard Crossman RCG17, Coventry University.

This form should be accompanied by the full research study proposal, or the COREC form if applicable. Further help & information can be found on W / HLS / Student / Ethics or call Rhoda Morgan on 024 7679 5945, or e-mail rhoda.morgan@coventry.ac.uk.




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**For Articles:** Smith, A. (1998) Learning about reflection, *Journal of Advanced Nursing*, 28(4), 891-898.

**For online documents:** Standler, R. (2000) *Plagiarism in colleges in the USA*. Available online at: [www.rbs2.com/plag.htm](http://www.rbs2.com/plag.htm) (accessed 6 August 2004).

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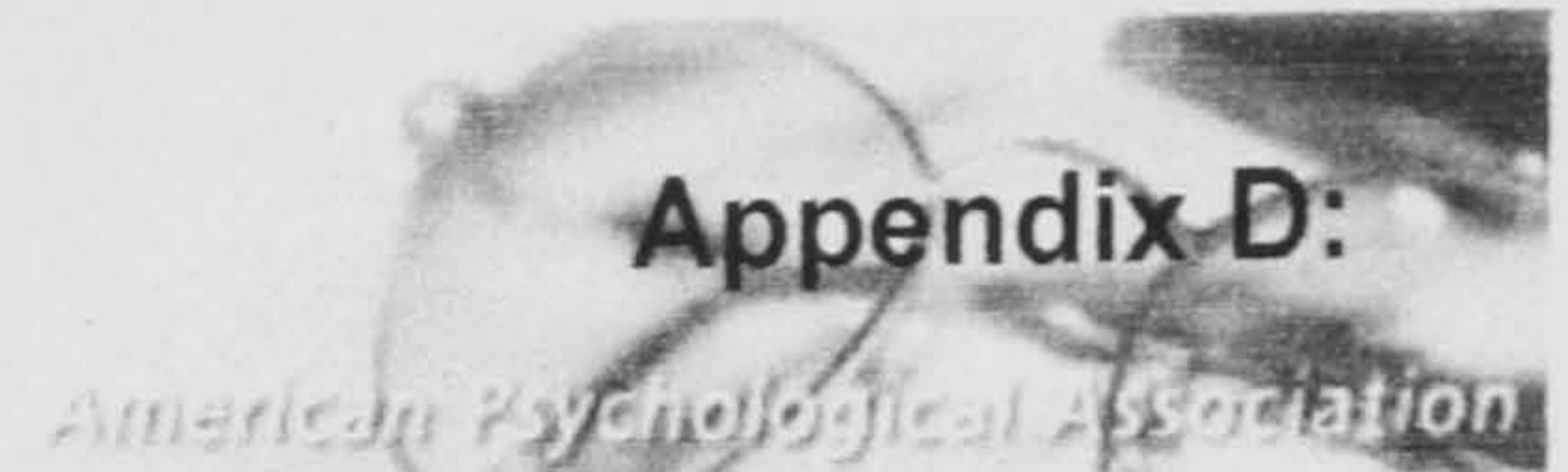
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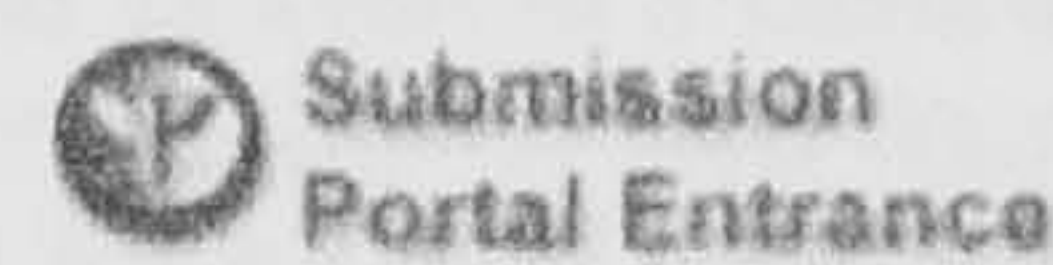
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If you would like to discuss a possible idea for submission to the journal, please contact Emil Rodolfa, PhD.

### Call for Manuscripts

The Editorial Board of TEPP would like to encourage the APPIC membership, the membership of the academic training councils, and all members of the psychology education community to examine issues relevant to the process and procedures of psychology education and training and contribute manuscripts to this new journal. TEPP will be written specifically for psychologists and other mental health professionals who educate, supervise, and train mental health practitioners during their academic programs as well as during their participation at practicum, internship, and postdoctoral settings.

Manuscripts for TEPP can be research or theory based. All manuscripts must focus on the practical implications of the proposed theory or summarized research. Any topic in the general area of supervision, training, or the process of education leading to licensure is appropriate for examination and discussion in TEPP.

TEPP manuscripts examine such topics as:

- Supervision theory and process
- Supervision procedures
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- Boundary issues
- Training in research and scholarly activity
- Research into the process of supervision
- The process of training leading to licensure

Special thematic issues of the journal will provide in-depth examination of a



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### Abstract and Keywords

Abstract should not be longer than 100 words and written on a separate sheet. After the abstract, please supply up to five keywords or brief phrases.

### Figures

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint. High-quality printouts or glossies are needed for all figures. The minimum line weight for line art is 0.5 point for optimal printing. When possible, please place symbol legends below the figure image instead of to the side. Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay \$255 for one figure, \$425 for two figures, \$575 for three figures, \$675 for four figures, and \$55 for each additional figure.

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## **Trainee Clinical Psychologists' Experience of Reflective Practice**

### **Participant Information Sheet**

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact the researcher if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

#### **What is the purpose of the study?**

This proposed research is an investigation of the experiences of trainee clinical psychologists, to gain understanding of how reflective practice impacts on personal development and attempt to reveal how trainees may be best supported in surviving the process of training.

Research literature and experience suggest that clinical psychology training can be an arduous process, not just professionally and academically, but also emotionally.

Reflective Practice has grown increasingly popular within the NHS, and within the arena of clinical training. It is seen as a way for clinicians to both personally develop and establish better quality relationships with the people they serve.

To date there has been little exploratory research about the experience of trainee clinical psychologists. What is not known from the literature, is how trainee clinical psychologists perceive reflective practice within clinical training and how the process of being a 'novice' alongside the increased introspection of reflective practice feels in terms of self-concept.

The aim of the project is to address the gap in the research literature by building up an understanding of the experience of reflective practice from the point of view of psychologists in clinical training. Data will be analysed in order to propose a model of how reflective practice may encourage the development of the professional self.

Clinical psychologists are being trained to deliver services, including psychological therapies, within the NHS and reflective practice has been shown to be a structure that can facilitate this process. Therefore increasing our knowledge of how reflective practice is experienced and how it may support trainees, should ultimately improve the service that future clinical psychologists are able to offer.



**Why have I been chosen?**

You have been chosen because you are a trainee clinical psychologist on a course that has an interest in reflective practice. There will be approximately 12 people taking part in the study. Trainees from several courses have been chosen to try to get a representative sample across a range of courses.

**Do I have to take part?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your evaluation by the University in any way.

**What will happen to me if I take part?**

If you decide to take part in the study, you will be required to return your contact details so that the researcher can contact you to arrange an interview. If you agree to take part in the study, you will be expected to meet the researcher for one interview of approximately 1 hour duration. This will be at a location convenient to you. Before beginning the interview, you will be required to sign a consent form.

**What are the possible disadvantages and risks of taking part?**

No harmful effects on participants are foreseen, however the interviews may involve discussing experiences that have been difficult for you. Details of support services that may be accessed will be given to you should the need arise.

**What are the possible benefits of taking part?**

The information collected in this study may help clinical psychology training course staff to provide more focussed support to trainees in 'reflective practice' aspects of the training. The study aims to generate information to aid in the understanding of reflective practice and, if beneficial, how it can be encouraged and developed in trainees.

**What if something goes wrong?**

If you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal National Health Service complaints mechanisms will be available to you, alternatively you could contact Professor Delia Cushway at Coventry University.

**Will my taking part in this study be kept confidential?**

All information which is collected about you during the course of the research will be kept strictly confidential (unless a serious concern arises). The transcripts will be numbered and will contain no identifying information in order to protect anonymity. Consent forms will be stored in a locked filing cabinet and a confidential environment will be sought in which to conduct the interviews.



**What will happen to the results of the research study?**

Information gathered in this study will be written up and will form part of the researcher's assessment for a Doctorate in Clinical Psychology qualification, and may also be submitted for publication. Quotes from interviews will be used, however these will be anonymous and you will not be identified in any report or publication. A summary of results will be made available to participants and participating courses.

**Who is organising and funding the research?**

This research is organised and sponsored by Emma Wildig and the Clinical Psychology Training Programme based at Coventry University and The University of Warwick.

**Who has reviewed the study?**

The research has been reviewed by Warwickshire Research Ethics committee and was given favourable ethical opinion for conduct in the NHS.

**Contact for further information**

Should you require further information about the study before making a decision about whether or not to take part, please contact:

Emma Wildig  
Trainee Clinical Psychologist  
Coventry University and the University of Warwick  
Tel: 02476 888328  
wildige@coventry.ac.uk

**Thank you for taking the time to read about this study.**



Dear Sir/Madam,

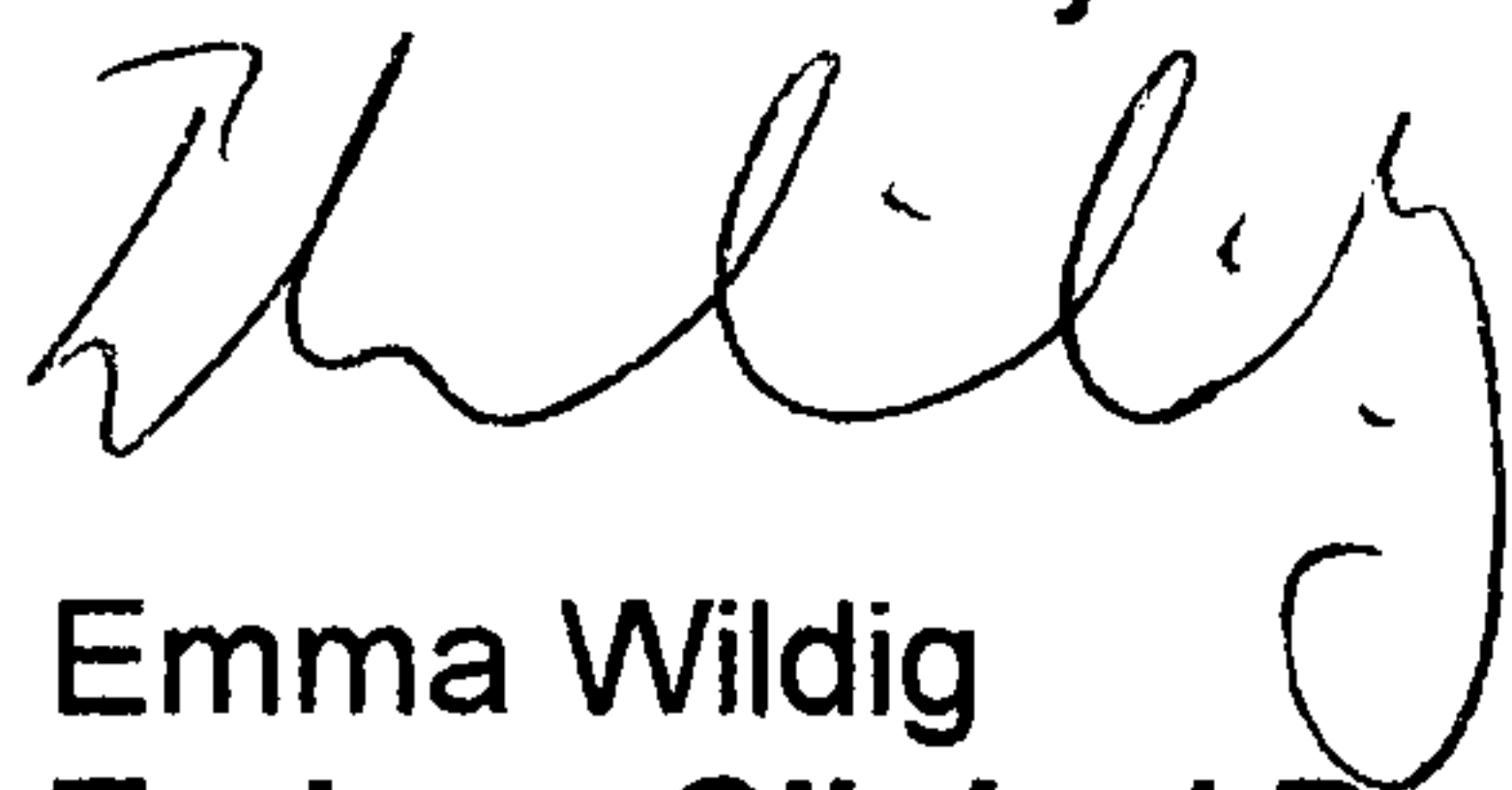
I am a trainee clinical psychologist, currently in my third year of the Coventry and Warwick course. I am writing to ask for your permission to invite trainee clinical psychologists enrolled on your course to take part in an interview, as part of my research.

Please read the enclosed information about the study. I would be grateful if you would indicate on the tear-off slip whether or not you agree to allow me to approach trainees regarding participation in the study, and return the slip in the envelope provided.

If you agree to participation, I shall send information packs to your course administrator for distribution to 3<sup>rd</sup> year trainees.

If you would like any further information about the study before making a decision, then please do not hesitate to contact me on wildige@coventry.ac.uk.

Yours sincerely



Emma Wildig  
Trainee Clinical Psychologist

-----  
**Trainee Clinical Psychologists' Experience of Reflective Practice**

Please initial box:

1. I confirm that I have read and understand the information sheet dated July '06 (version 2) for the above study and have had the opportunity to ask questions.

☐

2. I am willing for trainees on this course to be approached to take part in the above study.

☐

3. There are \_\_\_\_ (number of) trainees currently in their third year.

-----  
Signature

-----  
Print Name

-----  
Date

Course -

-----

Contact Details

-

-----

Dear colleague,

I am a trainee clinical psychologist, currently in my third year of the Coventry and Warwick course. I am planning to write my D.Clin.psych. thesis about reflective practice: how this relates to the experience of clinical training and the sense of self.

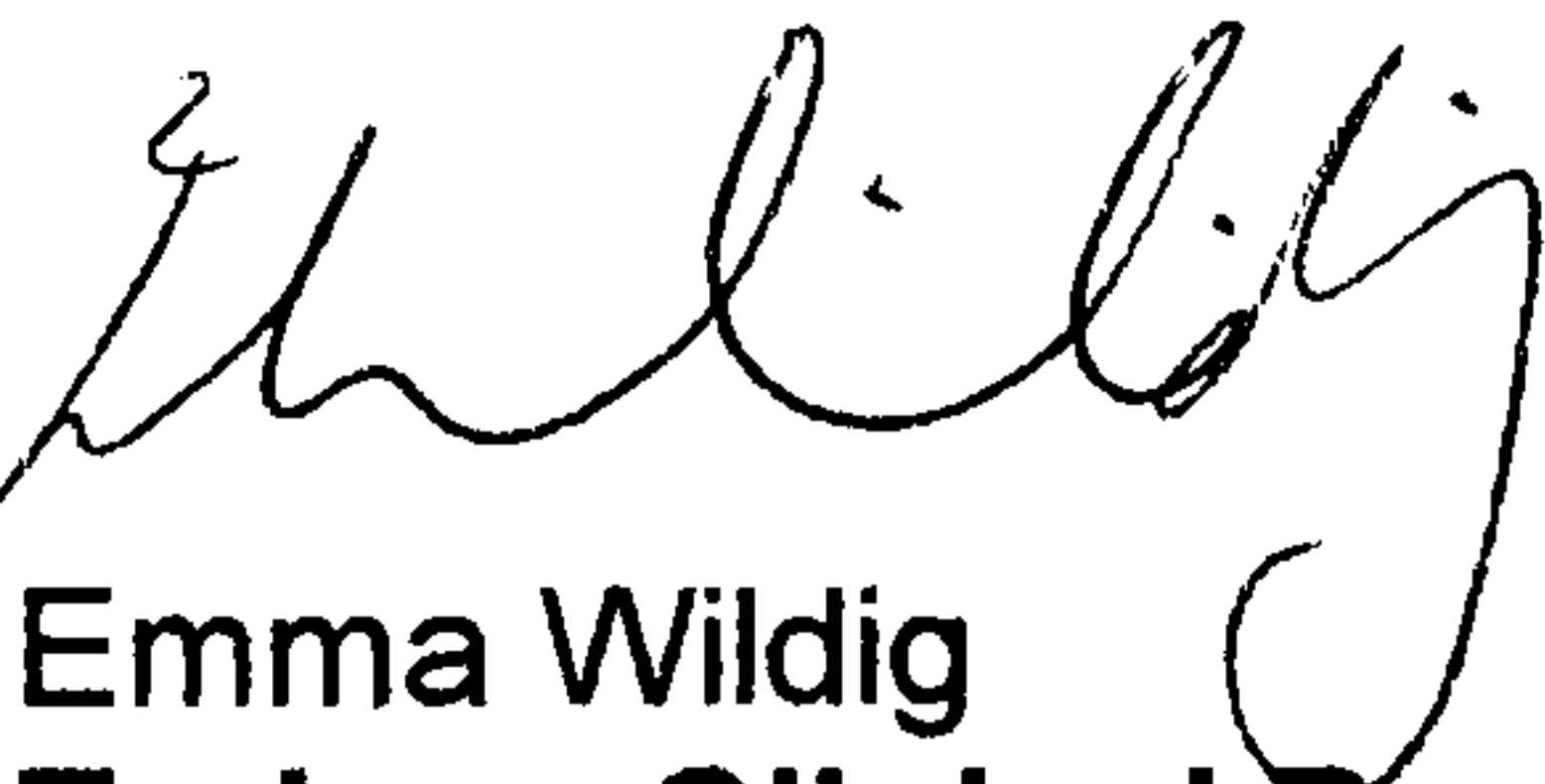
I am writing to invite you to take part in an interview, which would last approximately one hour, as part of this research. You will have received this information pack through your course administrator, so I do not have any record of your name or address.

Please read the enclosed information about the study and, if you are interested in participating, return the reply slip with your contact details to myself at the above address. I realise that you will be on a tight schedule yourself, but please get back to me as soon as you can.

If you would like any further information about the study before making a decision, then please do not hesitate to contact me on [wildige@coventry.ac.uk](mailto:wildige@coventry.ac.uk).

I can appreciate that this is a busy time for you, but I hope you will feel able to donate an hour of your time to help me with this project.

Yours sincerely



Emma Wildig  
Trainee Clinical Psychologist

-----  
**Trainee Clinical Psychologists' Experience of Reflective Practice**

Please initial box:

1. I confirm that I have read and understand the information sheet dated July '06 (version 2) for the above study and have had the opportunity to ask questions.

☐

2. I am happy for Emma Wildig to contact me to arrange an interview.

☐

-----  
Signature

-----  
Print Name

-----  
Date

Email Contact Details - -----



Participant Identification Number:

Trainee Clinical Psychologists’ Experience of Reflective Practice

Consent Form

Please initial box:

1. I confirm that I have read and understand the information sheet dated July ‘06 (version 2) for the above study and have had the opportunity to ask questions.

☐
2. I am willing for the interview to be audio-taped.

☐
3. I am willing for anonymised quotations from the interview to be used within the final report.

☐
4. I understand that my participation is voluntary and that I may withdraw from the research at any time, without giving any reason.

☐
5. I understand that I can obtain further information from the researcher at any point in the process.

☐
6. I am willing to take part in the above study.

☐

-----  
Name of  
participant

-----  
Date

-----  
Signature

-----  
Emma Wildig  
Name of  
researcher

-----  
Date

-----  
Signature

### Interview Schedule

#### **What is your understanding of the concept of reflective practice?**

- Give examples
- Did you have experience of reflective practice *before beginning training*?
- Do you think its possible to *learn* to be reflective?
- Would you say that you are a *naturally reflective* person?

#### **Experience of reflective practice in clinical training**

- In *what ways* does your course facilitate reflective practice?
- Were you presented with a *model* of reflective practice on the course?
- How do you *feel* about the reflective practice element of the course?
- Do you feel that the atmosphere of the course is supportive to '*taking the risk*' of using reflective practice?

#### **Impact of using reflective practice on sense-of-self**

- How do you think reflection might impact upon your *sense-of-self*?
  - *Professionally?*
  - *Personally?*
- What effect do you think reflection could have on your *self-esteem*?
- How do you differentiate between reflecting on something and ruminating about it?

#### **Can you see advantages of using reflective practice within clinical training?**

- Are there ways in which reflective practice could make the training experience more manageable?
- What effect might reflective practice have on your *personal awareness*?
- How might using reflective practice impact on your *clinical skills*?

#### **Can you see difficulties of using reflective practice within clinical training?**

- How do you think the ability to reflect might be impacted on by coping with the demands of the course?
- Do you think that having to *compete* so hard for your training place could have an effect on being able to reflect on areas of difficulty?
- How do you think the ability to reflect might be influenced by '*fear of failure*'?
- Is adopting a *less 'expert'* stance in interactions with clients difficult if you don't feel like an expert?

#### **What would you find helpful from the course in assisting reflection?**

- What do you think is the best way of learning to be reflective?
  - Are there aspects that your course does well?
  - Are there aspects that could be improved?
- How can reflective practice be developed that is different from rumination?

Thank you for your time.



Reflecting to learn

reflect to command, um, so I don't think that's a useful thing that they do at all. I, I see that they leave it there just in case you can..

Yeah

But I don't force myself to answer that question there and then, although I do generally think about the teaching any-way

Yeah

Um...and I guess some of the teachers, especially, kind of, the course teachers will in-build that, kind of, 'think about when this has happened to you in your life', such as bereavement days and things like that..

Mmm

Or, you know, certain teachers might, kind of, I guess, get you to kind of, you know when you break off into small groups actually think about what do you really mean by this and what's your understanding of this and, kind of, how have you experienced this in the past with clients and with that sort of thing, erm, but it almost feels like.. it's not really something you can teach

Mmm

Erm, it's just something that they kind of, it's in the air, really, it's in the ether of 'we are reflective', so every-one starts to think, right 'I am, I am on a reflective course, so I should reflect', so you kind of find yourself, kind of, going 'OK, what is that, what is that, what do I mean?', and you have, I think you have one lecture in the first year on 'what is reflective practice?'

Mmm

Erm.. where I don't think they actually tell you (laughing) They give you some papers, erm, but I don't think they actually tell you, erm.. they just kind of, I.. the only thing that sticks in my mind is 'mind the gap', I remember \*\*\*\*\* talking about that and just saying certain, kind of, research or whatever's, sort of, said, or it's about London Underground 'Mind the gap', so it's about looking about, being mindful, I guess, about what's, what's missing, what's unsaid, um, what's extra in some ways, um.. but yeah, it's, it's interesting actually saying 'how does the course help you reflect?', or teach reflection, or facilitate that.. because, um, I don't know that it does, but I don't think that it doesn't at the same time, there's something about just the philosophy..

Yes

.. and the approach, I guess, I'd have to go on a different course to see how it doesn't..

Yeah

..teach reflection, I think it's almost so part and parcel of what we do that sometimes I don't notice it happening, unless someone says, um 'lets sit and reflect about this', and then that feels false

Appendix J:

Reflect to learn



and that feels difficult to do, um, whereas if it's just, kind of, implicit... then, OK 1) you don't notice it, but, 2) it becomes a skill.

I Yeah

P .. because it's something that you're doing naturally all the time.

I So, it sounds very much like if you're actually, as you put it 'reflecting on command', that, that kind of somehow impedes the process?

P It, it seems to, it's almost like, kind of, brick wall in the mind suddenly..

I Mmm

P .. erm, and you find yourself, kind of, sitting there and I guess, you know, sometimes.. a lot of erm, kind of, lecturers/teachers come in.. and they say oh, you know, what do you think about this? And I find I might be one of the people of a few in the class that would actually sort of say, erm.. say the obvious, just to get people going.. erm, and I always sort of sit there and go 'der, that's obvious' and everyone knows that's obvious, but if I say something, then that gives people time, to say 'well actually there's the obvious thing, so what's the non-obvious thing?' and I usually, kind of, five minutes later go, ok, now what do I think is not obvious, what am I actually really thinking about this? But sometimes it feels so forced

I Mmm

P ..that it's really, really difficult to let it come out naturally, I think that's, that's one of the, the big problems that I find with kind of reflecting to command

I Mmm

P So I think it's something that just comes out and.. you know, I think, say it's such a supervision, being once a week, there'll always be something that comes to me afterwards

I Mm

P That I could have said, that if I, if I'm organised I'll write down for next weeks supervision, um, but I guess supervision, in a way, is, kind of, reflection on demand, but hopefully if you're an organised person you'll have been reflecting throughout the week and, kind of, keeping mental note, or physical note of that.

I Yeah

P Um, and it always surprises me, there's always something new that comes out that I hadn't thought that I'd thought about, um, so I guess kind of reflection breeds reflection, in a way (laughing)

I yeah

P So, yeah..

I And I was kind of wondering about the other side of the, you know, 'can reflection be taught?' coin

Development of  
Ref skills

Ref to command  
- mostly ref

Development of  
reflective skills

Surprises

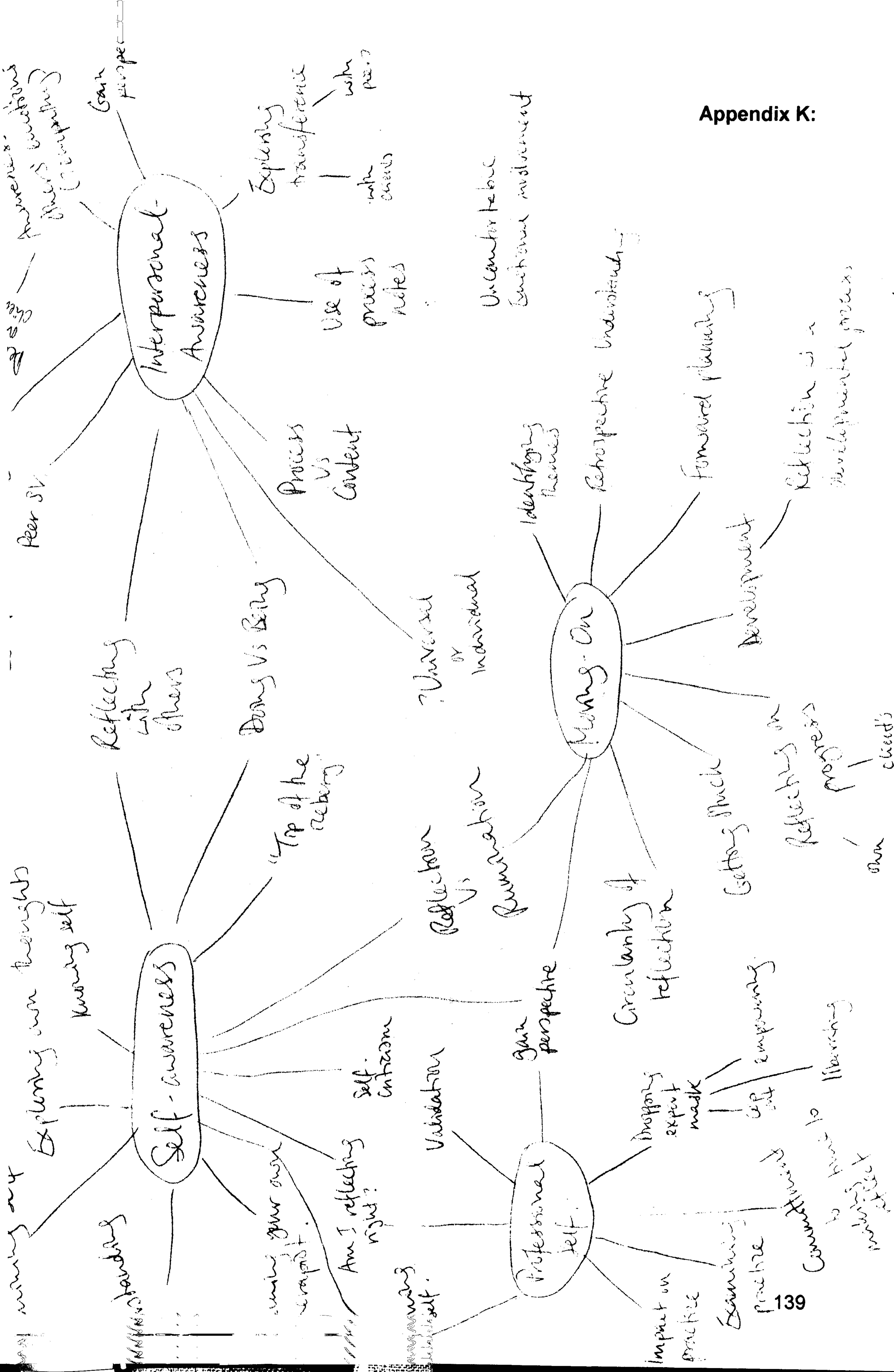
Reflection  
mostly reflection.



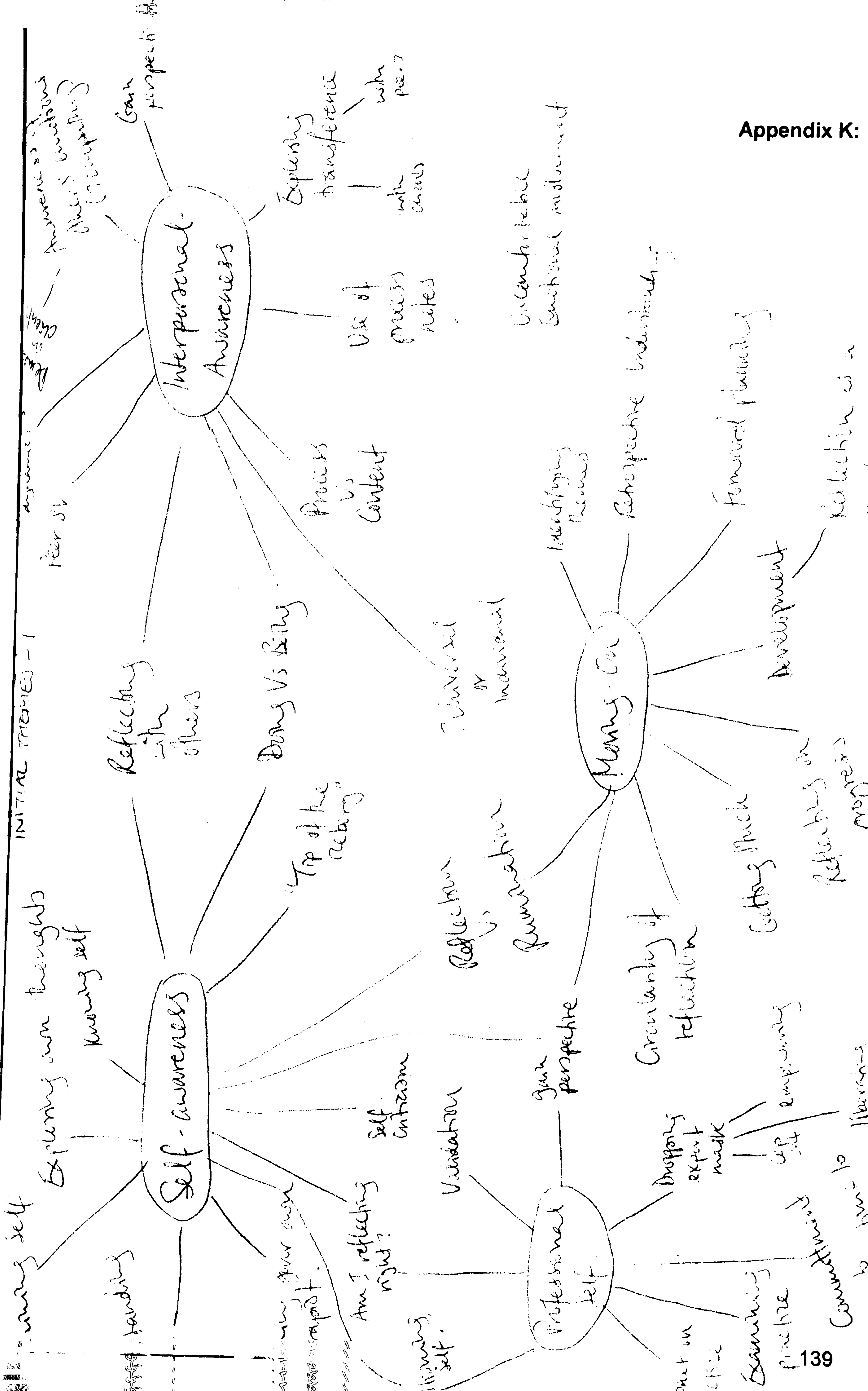
375 P I think help people  
376 I I think you can, I think you can help people to become more reflective by,  
377 P (intake of breath) sort of, I think you can, I think. Such as in supervision, instead of just saying, 'OK,  
378 how's it going with this client, what are you going to do next?' which is, kind of, assistant style,  
379 kind of, supervision, some supervisors will say things, such as, 'OK, what did you actually do, and  
380 what was going through your mind when you said that and what, what made you, kind of, take it in  
381 that direction, and why do you think you felt like that in the room, and..' you know, really, sort of,  
382 asking more, and the more they ask, the more, if you're that kind of person, you start to think in  
383 that way, all, all it needs is a little bit of directing  
384 Mmm  
385 Erm, but I think there are certain people that just can't be in their head like that, um.. and there are  
386 certain times when it's harder to be in your head  
387 Mm  
388 .. like that, for whatever reason, and if you're, if you're a good reflector, eventually that will come to  
389 you, and you'll think, that's why I'm like that with that particular client (laughter). Erm, but you  
390 know, I think, I think there's something about.. that draws, about, about psychology that draws  
391 people like us to it  
392 Mmm  
393 Um.. and I think, you know, for all of it's kind of faults, I think one really good thing about the \*\*\*\*\*  
394 Course and, um, the sort of, reflective element of it, is that, you know that richness that I was  
395 talking about before..  
396 Yeah  
397 .. it really encourages you to be much more than a 'doer', you know it's not about.. very CBT kind  
398 of, strategy after strategy, kind of, stage after stage, it is more process orientated, it is more  
399 interested in who you are and what you bring, and I think.. some people are naturally tuned in to  
400 that, and I would hope that people that are drawn to psychology are naturally drawn to their own  
401 thoughts  
402 Yeah  
403 .. and their own thought processes and their own, um... just awareness of themselves, really, and  
404 I think if you already have that kind of, almost that level of self-intuition, if you like, um, if that is  
405 such a phrase, erm.. then, then you're more likely to pick up on reflection shaping, so, yeah, so,  
406 kind of, summing up what I said, I don't, I don't think reflection can be taught, but I think it can be  
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408

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407 honed..  
408











A = Action

M = Meta level process

P = Professional Applications

## Appendix L:

	Interpersonal-awareness	1	2	3	4	5	6	7	8	9	10
M	Group process							✓			
M	Group dynamics							✓			
O	Understanding dynamics	✓									
	Getting to know – building trust						✓				
A	(Reflection) with others <i>Talking to others</i>	✓		✓				✓			
	Boundaries <i>- check context in Disclosure</i>			✓			✓	✓			
3A	Personal disclosure							✓			
OA	Gaining feedback			✓				✓			
O	Understanding how you are with others							✓			
A	Listening to others views			✓							
A	Exploring current relationships						✓				
A	Exploring past relationships						✓				
A	Repeating patterns/identifying themes			✓							
M?	Process Vs Content	✓		✓			✓				
Awareness	Awareness of own process issues							✓			
M	Process issues			✓							
A	Use of process notes	✓									
P	Awareness that therapy is a 2-way relationship							✓			
2AP	Exploring transference	✓					✓				
P	Exploring relationships within therapy						✓				
	Therapeutic relationship			✓							
OP	Impact on clients							✓			
OP	Impact on clinical work						✓				
MP	Who am I as therapist						✓				
MP	How am I as therapist						✓				
A	Hearing others experiences							✓			
O	Empathy							✓			
O	Awareness of others emotions	✓		✓							
	Locating problem in client							✓			
O	Awareness of others reactions			✓							
A	Examining own position						✓				
	Raising issues						✓				
O	Acknowledging complexity						✓				
A	Peer support			✓							
A	Peer supervision										
O	Flexibility/responsivity			✓							
O	Reflecting Vs reacting			✓							
O	Thinking Vs Doing			✓							
	Influence of supervision style			✓							
A	Reflection as a counselling skill			✓							
O	Gaining perspective	✓									

Move to self-awareness  
 2 Prof. Applications  
 Self-awareness  
 Self-awareness  
 Self-awareness



21/1/07

Have started offering people transcripts of their interviews – I think I was finding it hard to take something from people (i.e. data) without giving anything back also thinking I could feed into the reflective ethos of the research and 'close the loop' for people. Was interesting that after first three interviews the participants said that they had found having the space to reflect on reflection helpful or useful.

4/2/07

I did get to sit down and review the first two interviews, so that I could modify the schedule and use first two as pilot – have now added a question about models and whether the person thinks they're naturally reflective. I still have concerns that I'm not necessarily 'doing it right'. I'm worrying that I'm saying too much in interviews and leading the participants, but because of therapeutic stance/training was finding it very difficult to just ask questions without summarising or clarifying. Have read some research where the researcher gave transcripts back to participants for checking and validation purposes. I like this idea, not sure if I'll have time to do it, would be a shame not to though.

Int 4 was interesting, made me think a lot about reflection in terms of multidisciplinary groups and how psychologists can't admit they make mistakes!

**Trainee Clinical Psychologists' Experience of Reflective Practice**

Dear Participant,

I would like to thank you again for taking part in this research study.

The interviews have now been transcribed and analysed. The analysis has involved identifying themes and sub themes that emerged from the data. This has lead to a number of themes being generated that hopefully reflect the content of the interviews.

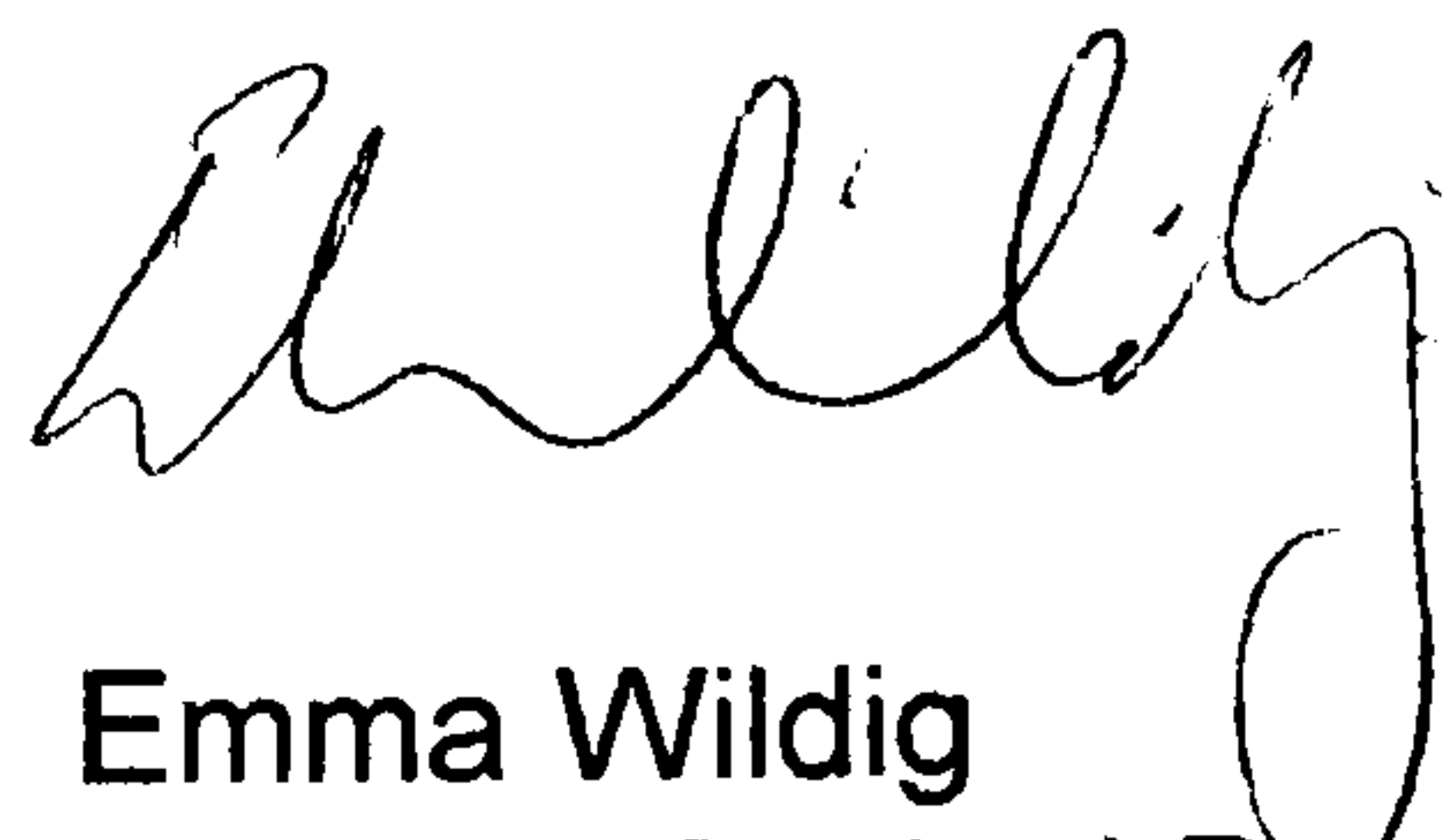
In order to ensure that these themes do capture the essence of the interviews it would be helpful for me to have your feedback. I have therefore enclosed a brief overview of the preliminary themes with some additional details for those that are not self-explanatory.

If you could possibly spare some time to read this information and compare it with your experience, you may have some thoughts about the validity of the themes; either agreeing that they reflect your experience, or you may wish to question or disagree with them, in either case I would be very grateful if you would email your comments to me at [wildige@coventry.ac.uk](mailto:wildige@coventry.ac.uk).

This exercise is purely voluntary and returned comments will remain anonymous.

Thank you for your ongoing support with this research project.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Emma Wildig', with a long, sweeping underline.

Emma Wildig  
Trainee Clinical Psychologist



Appendix O:

Major Themes	Sub-themes	Participants discussing theme										Total frequency of theme
		1	2	3	4	5	6	7	8	9	10	
Self-Reflective Activity	Exploring own inner-world	✓	✓	✓	✓	✓	✓	✓	✓		✓	26
	Getting stuck	✓		✓	✓	✓		✓	✓	✓	✓	17
	Time Out	✓	✓	✓	✓		✓	✓	✓	✓		29
	Managing feelings	✓		✓	✓		✓	✓	✓	✓	✓	15
Heightened Self-Awareness	Knowing self	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	51
	Perspective	✓	✓	✓		✓		✓	✓		✓	20
Reflective Activity with Others	Reflecting with others	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	78
	Exploring relationships	✓	✓	✓	✓	✓	✓	✓		✓	✓	39
	Being monitored			✓	✓	✓	✓	✓		✓		18
Heightened Other Awareness	Awareness of inner-world of others	✓	✓	✓		✓	✓	✓	✓		✓	17
	Awareness of interpersonal & unconscious processes	✓	✓			✓	✓	✓	✓	✓	✓	29
	Trust	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	46
Professional Reflective Activities	Examining practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	58
	Shaping practice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	27
	Integrating theory and practice			✓		✓	✓					4
	Finding another outlet		✓	✓	✓	✓	✓		✓	✓	✓	36
Professional Outcomes	Relationship between personal and professional self		✓		✓	✓	✓	✓	✓	✓	✓	22
	Impact on professional self	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	23
	Awareness of interpersonal & unconscious processes in the therapeutic relationship	✓	✓	✓			✓	✓	✓	✓	✓	19
	Making sense	✓	✓	✓		✓	✓		✓	✓	✓	27
	Impact on client	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	20
	Moving on	✓	✓			✓	✓	✓	✓	✓	✓	17
Reflections on reflection	Development of reflective skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	56
	Reflecting to command	✓	✓	✓	✓		✓	✓	✓	✓		20
	Dependent on context		✓	✓	✓	✓	✓		✓	✓	✓	24
	Costs & benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	96